

Mr Vastiampilla Stanislaus

Haven Care - Hounslow Branch

Inspection report

G W 1 Great West House
Great West Road
Brentford
Middlesex
TW8 9DF

Date of inspection visit:
29 November 2022

Date of publication:
12 December 2022

Tel: 02087589841

Website: www.havencare.co.uk

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

Haven Care - Hounslow Branch in a domiciliary care agency providing care and support to people living in their own homes in West London. At the time of our inspection, they were providing care to adults only. The majority of people were older adults. Some people were receiving reablement support for a 6 week period. The service is designed to provide people with support to regain independence and skills.

At the time of the inspection, the location provided care to four adults with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group. Although the support they provided in this area was limited and the majority of support they provided was to access social and leisure activities and not with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, 151 people were receiving support with personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People who were supported with medicines received safe and appropriate support with this. Risks to people's safety and wellbeing were assessed and planned for. These assessments included checking people's home environments to make sure they could be safely cared for. The provider created care plans which recorded people's individual needs and how these should be met. These were regularly reviewed and updated. People received the support they wanted and needed to prepare meals, access the community and at home. The provider supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Right Care

People were happy with the care and support they received. They had good relationships with the staff and felt involved in planning their own care. People told us their needs were met and choices were respected. They were supported to be independent when they wanted. The provider had procedures to help make sure staff were suitable when they recruited them. They supported staff to undertake a range of training and they regularly assessed their skills, knowledge and competencies.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and

respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed the risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People received good quality care, support and treatment because trained staff could meet their needs and wishes. There were suitable policies and procedures for managing the service. The management team had a good knowledge of people they supported and staff. They carried out regular audits, checks and reviews of the service. People were able to give their feedback. This was listened to and acted on. There were suitable systems for dealing with complaints, accidents, incidents and safeguarding concerns. Lessons were learnt from these.

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

The last rating for this service was requires improvement (Published 9 March 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Haven Care - Hounslow Branch

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.

Inspection team

The inspection was conducted by 3 inspectors. We were also supported by an Expert By Experience who made phone calls to some people using the service and their relatives. 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

Haven Care – Hounslow Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2022 and ended on 28 November 2022. We visited the location's office on 28 November 2022.

What we did before the inspection

We looked at all the information we held about the provider, including their action plan following the last inspection. 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.

During the inspection

We spoke with 15 people using the service and the relatives of 12 other people. We received written feedback from 17 members of staff.

We looked at records used by the provider for managing the service. These included the care records for 8 people and records of staff recruitment, training and support for 7 members of staff. We analysed the provider's electronic call monitoring data, looked at audits, meeting minutes, records of complaints and the provider's own action plans and business development plans.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider had not always assessed, monitored or mitigated risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing were assessed and planned for. During the initial assessments of people's needs, the provider discussed and assessed risks relating to people's health, care needs and their home environment. They created plans to help mitigate risks and to keep people safe.
- Risk assessments were regularly reviewed and updated.
- People were supported to be as independent as possible, and risk assessments took account of this, and included people's wishes.

Using medicines safely

At our last inspection, we found medicines were not always managed safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- People received their medicines safely and as prescribed.
- Staff undertook training so they could understand how to safely support people with their medicines. The management team regularly assessed their knowledge and observed them supporting people to make sure they safely followed procedures.
- The provider had created plans to explain the support people needed with their medicines. These assessed risks and explained how people took their medicines, how they were delivered and where they were stored.
- The staff kept records to show when medicines had been administered to people. The provider audited these each month. We could see they had investigated where records did not match medicines plans and they had recorded explanations for this and the actions taken regarding these.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we made a recommendation that the provider refers to the Multi-Agency

Safeguarding Adult's Policy and Procedures to ensure safeguarding concerns are responded to appropriately.

At this inspection, we found enough improvement had been made.

- There were suitable systems to help safeguard people from the risk of abuse. Staff were trained to understand about recognising and reporting abuse. They had opportunities to discuss this with the management team to refresh their knowledge.
- The provider had worked with other agencies to report, investigate and respond to allegations of abuse to help keep people safe.
- People using the service and their relatives told us they felt safe with the agency. They were provided with information about safeguarding.

Staffing and recruitment

- There were enough suitable staff to care for people and meet their needs. People told us staff usually arrived on time and stayed for the agreed length of time. People were supported by the same regular care workers.
- The provider used an electronic system to monitor when care visits took place. This alerted them if a care worker was running late. During the inspection, and through the provider's own monitoring checks, we identified some discrepancies between planned and the actual time of some visits. The provider agreed to look into why this had happened and make sure these people were happy with the times of their visits.
- There were appropriate systems to help make sure only suitable staff were recruited. These included checks on their identity, employment history and eligibility to work in the United Kingdom. Staff undertook inductions to the service and their competencies and knowledge were checked to make sure they had the skills needed to care for people well.

Preventing and controlling infection

- There were systems to help prevent and control infection. Staff received training regarding infection prevention and control. The staff told us they were supplied with enough personal protective equipment (PPE) such as gloves and aprons. People using the service and their families told us staff wore this and followed good hygiene practices.
- The provider had reviewed and updated their procedures to reflect government guidance regarding COVID-19. They supplied staff and people using the service with information and updates.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. The provider made sure all accidents, incidents and other adverse events were recorded, investigated and learnt from.
- The provider held regular meetings for the management team and other staff to share learning.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found the provider had not always ensured staff received the necessary training for their roles. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- People were cared for by staff who were well trained, supported and had the information they needed. The provider had a thorough induction for new staff which included a range of training and competency assessments. New staff worked alongside experienced staff until they were ready to work independently.
- The provider organised for small group training sessions to help staff with practical skills. Staff also accessed online training courses and had regular meetings with their line manager to discuss their work.
- The management team carried out 'spot checks' on staff where they observed them providing care and checked their skills, knowledge and attitude.
- The staff told us they felt supported and had the training and information they needed.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection, we made a recommendation that the provider review their mental capacity assessment processes to ensure they were within the principles of the MCA.

At this inspection, we found enough improvement had been made.

- The provider acted within the principles of the MCA and asked people to consent to their care. When people lacked the mental capacity to make decisions, this had been assessed and the provider worked with their representatives to help make decisions in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started receiving care. People told us they had met with members of the management team and had opportunities to discuss their needs.
- The assessments were used to help plan how people's care would be delivered. They were comprehensive and helped to identify people's needs. Care plans were regularly reviewed and reassessed.

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

- People who needed support to eat and drink were happy with this part of their care.
- When people were identified at nutritional or hydration risk, this had been assessed and formed part of their care plan.

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

- The staff monitored people's health and had responded appropriately when people's health deteriorated. They had liaised with people's representatives and healthcare professionals to make sure people received medical support when needed.
- The provider made sure people's healthcare needs were recorded and planned for. Staff had information about these so they could recognise any symptoms of ill health and knew what to do if someone became unwell.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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
At our last inspection, we found people were not always well treated or supported.

At this inspection, we found enough improvement had been made.

- People were well treated and cared for. They had good relationships with their care workers. Some of the comments from people using the service and their relatives included, "They are very respectful and I look forward to seeing them", "They are very gentle, caring and kind", "The carers are very caring in nature and have a good friendly personality" and "[Person] feels relaxed with them, I always hear them laughing together."
- People's diverse needs were recorded in their care plans. Staff undertook training in equality and diversity. The provider tried to match staff to people so that specific needs could be met, such as language and a shared culture.

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

- People were able to express their views and make choices. They told us care workers offered them choices at each visit and respected these.
- People had been involved in developing and reviewing their care plans. Their preferences and how they wanted to be cared for were recorded within these plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us they were happy with the care they received, and staff treated them respectfully.
- People were supported to be independent where they were able. Care plans included information about what people could and wanted to do for themselves. Some people were being supported through a reablement scheme to develop skills and independence after a hospital stay or accident during a short package of care.
- People told us they were happy with support in this area. Their comments included, "The staff are good at promoting [person's] independence and encouraging [them] to walk around" and "They have helped me feel safe and increased my independence."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, we found the provider did not always respond to complaints or concerns. This was a breach of Regulation 16 (complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 16.

- There were systems for investigating and responding to complaints. The provider kept clear records which showed how they had responded to these and how complaints had led to changes and improvements at the service.
- People using the service and their relatives had information about making complaints and told us they knew who they would speak with if they had any concerns about their care. People who told us they had made a complaint said they were happy with how these were responded to.

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

At our last inspection, we made a recommendation the provider reviews good practice in relation to the recording of people's support needs and the daily records of care provided during visits.

At this inspection, we found enough improvement had been made.

- People received personalised care and support which met their needs and reflected their preferences. They told us they were happy with the care they received. Their comments included, "I am satisfied that all the duties are covered when they visit", "They do everything to a good standard" and "They do anything I ask them to."
- The provider created care plans with people who used the service. These outlined how they wanted to be cared for and the tasks staff needed to complete at each visit.
- The staff kept a record of care they had given and the provider checked these to make sure care plans had been followed.

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

- Some people were supported with social care calls to help them access community resources and to keep them company at home. They were happy with this support.

- The provider's electronic care planning system allowed family members to view care notes using an application. This helped them to monitor how people were being cared for and supported.

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 communication needs were met. Care plans included information about how people communicated. Staff spoke a range of languages and the provider tried to match staff who spoke people's first language.
- Care plans and information about the service were available in different languages, braille, large print and audio recordings for people who needed this.

End of life care and support

- The service did not specifically offer a palliative care service, but sometimes supported people at the end of their lives when their condition had deteriorated. When this was the case, they worked with healthcare professionals to monitor people's wellbeing. People's end of life wishes were discussed and recorded.
- Staff undertook training so they understood how to support people at the end of their lives.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection, we found the provider did not always effectively operate systems and processes for monitoring and improving the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had systems for monitoring and improving quality and these were effectively implemented. They carried out a range of audits and took action when they identified improvements were needed.
- The provider sought regular feedback from people using the service, staff and other stakeholder. They carried out monitoring calls, visits to people, issued surveys and asked for people's views. They also held regular meetings with staff to discuss their work and carried out unannounced spot checks to observe them providing care. We saw they responded to any identified concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture and people were generally happy with the care they received. They described care workers as caring and friendly. People felt their needs were respected and met.
- Staff enjoyed working at the service and felt supported. Most staff told us they would recommend it as a place to work.

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 understood their responsibilities under duty of candour. They had investigated complaints and adverse events, explained what had happened to people and apologised when things went wrong.

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

- There were suitable management arrangements in place. The registered manager and senior staff were appropriately qualified and experienced. People using the service, relatives and staff felt managers were approachable and responsive.
- There was a range of policies and procedures which reflected good practice guidance and legislation. The

management team helped make sure staff were aware of these through regular meetings, training and communication.

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

- The provider asked people using the service, staff and other stakeholders for their opinions. They contacted them and analysed feedback so they could make improvements to the service.
- The provider had carried out an equality impact assessment as part of their business continuity plan. This had looked at ways they could promote inclusivity, flexible working for staff and using assistive technology to help keep people safe. The managing director was a diversity champion with Stonewall, an organisation promoting equal rights for LGBT+ (Lesbian, Gay, Bisexual and Transgender) people.

Working in partnership with others

- The provider stayed in touch with other professionals and families to make sure they had a good understanding of people's care needs and shared any concerns about people's health or wellbeing.
- The provider worked in partnership with one of the commissioning authorities to trial assistive technology. Assistive technology is equipment, such as sensors, that can be placed in people's homes with their consent. The sensors detect movement, temperature and the opening and closing of doors and send information about risks to the agency and family members. For example, the sensors would identify changes in someone's usual movement patterns and alert care givers the person may have fallen. This positive partnership working was designed to enable people to live safely and independently for longer.