

HC-One No.1 Limited

# 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Haven Care home provides personal and nursing care for up to 36 older people living with a range of health care needs. Haven Care home is registered to support up to 40 people however, four bedrooms were no longer being used as double rooms. At the time of our inspection, 34 people were living at the home.

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

People were protected from the risk of abuse and avoidable harm by the systems and processes in place. Risks to people were identified and managed by staff. People were supported by staff that knew them well and how to keep them safe. Staff were recruited safely and there were enough staff appropriately deployed to support people. The home was clean and hygienic and staff practices reduced the risk of infection. Medicines were stored, managed and administered safely. There were effective processes to check that medicines were safe.

People's needs and choices were assessed in line with standards, guidance and the law. People's needs were assessed before they moved into the home and assessments formed the basis for people's care plans. Care plans provided sufficient detail for staff on how people chose to be supported. Staff received a thorough induction, training and supervision to carry out their role effectively.

People were supported to eat and drink enough to maintain a balanced diet and people were positive about the food. Staff worked in partnership with health and social care professionals to provide joined up care for people.

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.

Leaders and managers promoted an open and honest culture focused on empowering people. People and relatives told us the atmosphere of the home was calm and friendly. The registered manager had worked hard to make improvements to the home since the last inspection. Relatives and staff told us that things had improved and they were happy with the changes. Quality assurance and feedback systems were robust and enabled continuous learning and improvements to be made to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 September 2021).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we

undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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, 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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

This inspection was carried out by 2 inspectors. An Expert by Experience carried out calls to people's relatives during the inspection. 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 Home 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. Haven Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we received about the service since 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 spent time observing staff supporting and interacting with people. We spoke with 14 people that used the service. We spoke with 7 family members and 2 visitors over the phone. We received feedback from 2 health and social care professionals. We spoke with 12 staff including the registered manager, chef, registered nurses, nursing assistants and care staff.

We reviewed 7 people's care plans and multiple medication records. We reviewed documents relating to quality assurance and feedback received by the service from people, relatives and staff. We reviewed 2 staff files in relation to recruitment.

# 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding concerns had been appropriately raised with the Local Authority Safeguarding Team and had been investigated and documented by the registered manager.
- Staff understood their responsibilities around safeguarding and knew how to recognise and report abuse. During our inspection, we heard an experienced member of staff talking a new member through the company's whistleblowing policy. Staff knew where to find the information they would need to raise any concerns. .
- Accidents and incidents were analysed for trends and themes. Where learning was identified from incidents, lessons learned forms were completed to reflect on what happened and what could be done better next time. This information was then shared with the whole staff team.

Assessing risk, safety monitoring and management

- At the last inspection we found improvements were needed to ensure people in their bedrooms were monitored and responded to in a timely way. At this inspection, we found improvements had been made. We saw regular interactions happening between staff and people who chose to spend time in their rooms. For those unable to use their call bells to alert staff, regular monitoring was in place to ensure staff checked on people at regular intervals.
- Risks to people were identified and managed by staff. People had risk assessments in place which detailed what the risk to the person was and how staff should support the person to manage that risk. For example, there was clear guidance for staff on how to support a person that was at risk of skin damage and staff we spoke to knew how to support this person safely to minimise this risk.
- Clinical risks to people were thoroughly assessed, managed and monitored by all levels of staff. Communication between staff was clear and consistent and staff understood their responsibilities around reporting and recording changes to people's presentations and needs. Processes to monitor risks such as wounds, falls risks, dehydration and weight loss were effective and led to good outcomes for people.
- People who could become upset or anxious had stress and distress care plans which provided guidance for staff on how to relieve people's anxiety and stress. These were specific to each person and showed the unique ways staff supported to help people's emotional wellbeing.
- People were protected from environmental risks. People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency. Staff and external contractors carried out regular environmental checks to ensure people's safety.

Staffing and recruitment

- At the last inspection, we found issues with the deployment of staff. At this inspection, improvements had been made and there were enough staff to provide people with support for their physical, emotional and

social needs. One staff member told us, "We have the time to care for people the way we want to and the way they deserve us to. We can now spend quality time with people while supporting them to get washed and dressed, we make them a drink and have a chat."

- Staff were appropriately deployed around the home to ensure people received the support they needed. Staff were allocated particular people to support throughout the day to provide consistency of care. People were supported to get up when they chose and staff did not seem rushed. Staff responded quickly to people's call bells and made regular checks on people who could not use their call bells.
- Relatives confirmed there were enough staff to support people. One told us, "Whenever I have turned up, there is always enough staff there." Another told us, "Yes, there always seem to be plenty there."
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

#### Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, administered and safely. Medicines were given to people individually in a way that suited each person.
- There was an electronic medication system in use. Nurses showed us how this was used. The system included safeguards to alert staff, for example, if a medicine was being given at a time it was not due.
- Medicine administration records (MAR) were completed after the medicine had been given. Only nurses and staff who had received medicine training and been assessed as competent gave people their medicines.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Staff discussed with people if they required these medicines before they gave them. There were protocols in place to guide staff. Some people were not able to express themselves verbally, for example, if they were in pain. There was information about how they could demonstrate pain through facial expressions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The home was clean and tidy. Safe systems were in place to ensure areas of the home were cleaned on a regular basis.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

There were no restrictions to people visiting the home. People were able to receive visitors when they chose to.

# 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.

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

- People's needs were assessed before they moved into the home. People's initial assessments contained information about their health, emotional and social needs. Assessments were used to form the basis of people's care plans, which were created in partnership with people, their relatives and health professionals.
- Where people had received assessments and support from health professionals around eating and drinking and manual handling, this information was clear to see in people's care plans.
- People's oral health care had been considered and recorded in their care plans. This included risks around supporting people with their oral hygiene and how to manage those risks. Staff recorded when they supported people to brush their teeth and when people refused, different staff tried later in the day to promote oral hygiene.

Staff support: induction, training, skills and experience

- New staff received a thorough induction which included shadowing experienced members of staff, attending training sessions and being provided with support by the management team. Staff told us their induction had adequately prepared them for working with and supporting people.
- A group of new staff had recently started working at the home. The registered manager had held a welcome day for them to introduce the new staff to the home, each other and people that lived at the home.
- Staff received training that was relevant to their role and the people they supported. Staff told us, "We have a combination of face to face and E-learning. The sessions are useful and help us with our role."
- Staff received regular supervisions and competency checks to monitor how staff were supporting people and to identify any further support staff may need. One staff member told us, "We discussed how I was doing and if I needed support with anything. I asked for support with [area] and was provided with help on it the same day."

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

- Staff worked hard to address and prevent weight loss for people at the home. People at risk of malnutrition and weight loss were provided with daily snack boxes to increase their calorie intake. The chef met with people at risk of weight loss on a weekly basis to work with them to ensure the home provided people with their preferred food and drink to create snack boxes individual to the person.
- Staff followed processes that ensured people had sufficient amounts to drink. We saw that people were regularly offered drinks at different times in the day. For people at risk of dehydration, staff recorded their fluid intake against individual daily targets. Meetings were held twice a day to check whether people were

drinking enough. This allowed for low fluid intake to be addressed quickly to prevent dehydration.

- People and relatives told us the food was of good quality and there was enough for people to eat. One relative told us, "From what I have seen it's very, very good. There seems to be an abundance of it, and they get what they want and it's nicely presented."

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

- Referrals and appointments were arranged with health and social care professionals when people needed them. We saw referrals had been made to physiotherapists, speech and language therapists (SALT) and dentists when needed.

- Staff supported people to contact their GP when needed. Staff conducted a weekly 'ward round' with the GP practice to discuss any concerns. Relatives confirmed that the GP was contacted for people when needed. One told us, "Yes, [person] has had the doctor a couple of times and they (staff) always contact us to tell us what has happened."

- Staff wrote temporary care plans when people experienced acute illnesses such as urine infections and chest infections. These detailed the specific support staff should provide people with during this time. Acute illnesses were recorded and analysed monthly to identify any trends or themes.

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

- People's rooms were individually decorated and people told us they liked their rooms. One person told us, "I have a lovely view from my bedroom, it feels comfortable and cosy in here." People were encouraged to bring items from their home in.

- The registered manager had begun a new initiative to involve people in the decoration of their bedrooms. Staff worked with people to understand their interests, hobbies, style and taste and record changes they would like to make to their bedroom. Staff then supported the person to go to the shop to get what they wanted to decorate and furnish their rooms.

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.

- The leadership of the home instilled a culture of ensuring people were restricted as little as possible and that the least restrictive option was always considered and implemented where possible. For example, where possible, people at risk of falling from bed were assessed and provided with a lowered bed and crash mats rather than more restrictive options such as bed rails.

- People's mental capacity to make decisions had been assessed. These assessments were decision specific and where decisions had been made in people's best interests, the least restrictive option had been considered. We saw staff offered people choices around daily activities such as where they wanted to spend

their time, what they wanted to do and what they would like to eat and drink.

- DoLS had been appropriately applied for.

# 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.

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

- Staff interacted and supported people in a kind and friendly way. Staff smiled at people, spoke to people as they passed and spent time trying to make people laugh. The atmosphere at the home was calm, relaxed and fun. One person told us, "The staff are lovely, can't do enough for me. They are brilliant and so kind."
- Relatives described the atmosphere of the home as, "Happy, it's relaxed when I go there. They obviously know what they are doing. When I leave the building I feel relaxed knowing that [person] is being cared for." Another told us, "Oh it's lovely, all the staff are friendly, welcoming and upbeat."
- Staff worked hard to get to know people, their hobbies, interests and working and family lives. Staff collated information and photographs from people's lives into personalised books to be used as an engagement tools and memory books.
- People told us they lived how they chose to. One told us, "I am able to do anything I want. Staff let me get on and do what I want. Nothing is restricted. If I wanted to do something that wasn't sensible, we'd have a conversation about it and talk about what would be best for me. They respect what I'm doing."
- Relatives were positive about the home and the staff that supported people. One told us, "I have no qualms about Haven. They care for them (people) lovely. They entertain [person] and the entertainment is very good. The main thing is [person] is cared for, safe and happy."

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 was aware of their responsibilities and regulatory requirements, including those under duty of candour. The registered manager understood the importance of being open and honest when things went wrong. One relative told us, "Well [registered manager] is always open, that's what I like about them. If you've got any questions their door is always open."
- Statutory notifications, which are required by law, were appropriately submitted to CQC.

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

- The management team had thorough and effective oversight of the home and how people were being supported. Twice daily 'flash' meetings were used to ensure that everyone leading the home in various departments were aware of what was going on that day, how people were and what needed to be done. The first flash meeting was to identify what needed to be done and to assign a responsible person, the second meeting was to check that tasks had been completed and to identify any issues.

- Audits were used effectively by the registered manager to monitor the care and support provided to people. For example, a falls audit was regularly reviewed to identify any trends in incidents that could be actioned to prevent people from falling again. A key indicator summary was used for everyone at the home to monitor risks to people such as weight loss, falls and wound management.
- The registered manager completed a home improvement plan which contained any issues raised by specific audits. The registered manager had oversight of all issues identified, with clear responsibilities and timelines for actions detailed.

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

- There were robust processes to obtain the views of people that were engaged with and used the service. Staff held regular meetings with people and their relatives to ask for their views and suggestions on how to improve things. People gave their views on what activities they would like to do, what food they would like to eat and any other suggestions they could think of. We saw that suggestions put forward by people were actioned.
- People, relatives and staff were given regular surveys to score and give their comments on the support people received. Comments and scores were analysed and addressed where raised. One relative told us, "We have just filled in another form, it's done every six months. They just make sure [person] is happy and they are doing everything right for them."
- Staff attended regular meetings to discuss the running of the home and discuss best practice when supporting people. Staff told us they were given the opportunity to give their views through these meetings.

Continuous learning and improving care; Working in partnership with others

- The nursing and management staff carried out competency checks and observations of staff practice on topics such as wound care and supporting people to move safely. When areas for improvement were identified for individual staff members, they were supported to improve their practice and obtain further training if needed. All staff then received a reminder to ensure good practice was being followed by the whole staff team.
- Health and social care professionals we spoke to were generally positive about working in partnership with the service. One told us, "Staff always work well with us. We have excellent communication with them and staff always know people well. Most people who come on a temporary basis end up wanting to stay."