

Haven Care Solutions Limited

Haven Care Solutions - Main Office

Inspection report

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18 April 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haven Care Solutions – Main office is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people living with dementia, older and younger people, and people with physical disabilities. At the time of our inspection there were 5 people using the service.

Not everyone who used the service received the regulated activity of 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.

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

Recruitment checks were carried out on potential new staff to the service, to help ensure they were safe to work with the people they supported. However, there were unexplained gaps in staff employment history. We also found improvements were needed to other recruitment documentation to make sure robust checks had taken place.

The registered manager had notified us of some but not all the safeguarding allegations they were legally required to. Quality audits were carried out to monitor the quality of the service provided, however the monitoring of staffs' time keeping whilst actioned were not always formally recorded.

Staff had a good knowledge of the people they supported and had access to information in peoples' care plans and risk assessments. This information that helped guide staff to care and support people safely and effectively. However, these records could be more detailed to help reflect staffs' knowledge and reduce the risk of impact to people if the staff member with knowledge left.

We have made a recommendation to the provider about improving the level of detail within people's care records and risk assessments.

Not everyone needed medicines administration support from staff. Where this support was required, staff were trained to administer people's prescribed medicines safely. Their competency to administer medicines in line with their training was checked by more senior staff. People fed back that staff were kind and respectful towards them. People told us there were enough knowledgeable and trained staff to meet their care and support needs. Staff understood how to keep people safe from poor care and harm. Staff confirmed that they would feel confident to whistle-blow any concerns they had to their registered manager or the CQC. Where people wanted to discuss their end of life wishes this information would be recorded to guide staff.

Staff told us they were trained in infection prevention and control and people confirmed that staff followed good practice guidance in relation to this. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

People, and their relatives had positive opinions on the communication of the office staff and management team. They told us the various ways staff requested feedback on the service. This included verbally during staff spot checks and via a survey. Staff were encouraged to discuss and review their performance through supervision and team meetings.

Staff encouraged people, where this level of support was required, to drink and eat plenty. People told us they were encouraged by staff to make their own choices and these choices were respected. Staff helped promote and maintain people's privacy and dignity. People gave examples of how staff did this. Staff also encouraged people to be as independent as possible. With the support from staff, people were able to remain in their own homes. Staff also encouraged people and their relatives, where appropriate, to be involved in discussions around their support and care needs.

The registered manager worked with external health and social care professionals. This helped people receive joined up care and support. There was a process in place to investigate and resolve complaints where possible. Actions were taken because of learning to try to reduce the risk of recurrence.

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.

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 28 October 2021, and this is the first inspection.

Why we inspected

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

Enforcement and recommendations

We have identified breaches in relation to staff recruitment checks and the legal requirement to notify the CQC of certain incidents at this inspection.

We have recommended the provider considered current guidance to update people's care plans and risk assessments in more detail.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haven Care Solutions - Main Office

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

This inspection was carried out by one inspector.

Service and service type

This service 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 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 March 2023 and ended on 18 April 2023. We visited the location's office on 5

April 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 23 May 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since they registered with the CQC. 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

We used technology such as telephone calls to enable us to engage with people using the service, relatives of people and staff, and electronic file sharing to enable us to review some of the documentation requested. We also reviewed documents during our visit to the office.

We spoke with 1 person and 4 relatives of people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, and 4 care staff.

We reviewed a range of records using electronic file sharing and during our site visit. This included 3 people's care records and we looked at medication administration records. We looked at 3 staff files in relation to recruitment, and copies of right to work permits during our office visit.

We also looked at staff training, spot checks and staff supervision. A variety of records relating to the management of the service were also reviewed. This included safeguarding, incident and accident records, complaints, quality assurance processes, business contingency plans and COVID-19 policies.

After the inspection

The registered manager sent us examples of compliments received by a GP and friends and relatives of people who used the service. Formal feedback was provided to the registered manager on 18 April 2023.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Checks were undertaken on potential new staff. However, there were gaps in some staff recruitment records and checks. Three staff had gaps in their employment record, and explanations for these gaps had not been explored or documented.
- References were not verified. One member of staff had a reference that had no organisation name or date. None of the references looked at had been verified to try to ensure authenticity.
- Copies of identification documents held, to prove the staff member was who they said they were, were not verified by the person undertaking the copy to record that original documents had been seen.

Whilst there was no evidence of risk of harm to people, recruitment checks were not robust to help ensure safe staff recruitment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff employed from overseas had right to work permits to work in the UK on file.
- There were enough staff to meet people's needs. People and their relatives told us they had not experienced any missed care call visits. They said staff if running late informed them. A person told us, "[Staff] are on time... They don't ever not turn up." A relative confirmed to us, "They are occasionally late if the call before there has been an issue. Like they had to wait with the person for paramedics. They have let me know."

Assessing risk, safety monitoring and management

- Staff had knowledge and information to follow in people's care plans and risk assessments on how to support people safely with their individualised risks. However, some of this information and knowledge, including current guidance information around safe moving and handling was not always recorded within people's care records and risk assessments.
- Agreed support tasks around whose responsibility it was to ensure smoke alarms and carbon monoxide detectors had working batteries had not been recorded. Also, what distractions staff were to use when increased anxiety occurred with a person. Whilst this information was known, it was not always recorded. The registered manager told us they would make this improvement.

We recommend that the provider considers current guidance to update people's care plans and risk assessments in more detail. This would inform and guide new staff on people's health conditions and known risks.

- Staff had access to information recorded in people's care plans via computerised records. This included any equipment the person used to move and reposition, and or walk safely.
- People and relatives told us staff support gave them reassurance. A person confirmed, "[Staff] that visit are happy and friendly people. They do what they do with a good heart."
- Staff had access to people's personal emergency evacuation plans that were documented within their environmental risk assessment. This information guided staff on what to do when present in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff described how they would safeguard people from poor care or harm, in line with their safeguarding training. Staff told us they would whistle-blow if they had concerns. A staff member said, "I would whistle-blow as you are going into people's own homes. You would call the (registered) manager to say what happened or what you observed. Inform the local authority (safeguarding team) and follow protocols."
- Staff supported people and this assistance enabled them to carry on living as independently as possible in their own homes. Staff support also helped make sure the person was at a reduced risk of self-neglect. A relative said about the staff supporting their family member, "[Staff] give us reassurance as we cannot give [named person] anymore support (ourselves)."

Using medicines safely

- Staff had a good understanding of the support people required around safe medicines management. However, body maps to direct staff on where exactly to apply creams to help prevent poor skin integrity, were not in place. No poor outcomes were evidenced. The registered manager told us they would make this improvement and we will follow this up on our next inspection.
- Staff used people's medicine administration records (MARs) to guide them to administer medicines safely. A relative said, "[Staff] are always on top of things, [named person] has pain patches and medicines come in a blister pack. Ten days before they run out [staff] will let me know and I will reorder them."
- Staff supported people to remain as independent as possible with their medication. Where staff assistance was needed, people and their relatives voiced no concerns about this support. A relative told us that a staff member had collected some medicines for a person even though this was not an agreed care task. The relative told us how they appreciated this additional support.
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so spot checked by a more senior staff member. A staff member audited people's MARs as part of the quality monitoring of the service provided.

Preventing and controlling infection

- Staff had training in infection control. They told us they had a good supply of personal protective equipment (PPE) to help keep themselves and the people they supported safe. A relative told us, "Yes, [staff] do wear PPE."
- Staff had assessed people for any increased risks to COVID-19. This information would guide staff on how to promote good infection control practices.

Learning lessons when things go wrong

- Staff were updated with actions to take to reduce the risk of recurrence when complaints were raised, and incidents or near misses had occurred. Updates were communicated at staff meetings or on the private social media chat set up for staff.
- Staff talked us through examples of how information was shared with them, and the learning that took place. This included improvements in communication.

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

- Staff delivered people's care in line with their agreed and individualised care and support preferences. This also included what people could do for themselves, how people wished to be addressed by staff and any religious or cultural wishes. A relative told us that, "Staff respect [named person] independence but staff will support [named person] when needed."
- The registered manager told us, and we saw that potential new people to the service had their care and support needs assessed and recorded. This was to make sure staff were appropriately skilled in line with current guidance and legislation. A relative confirmed that this baseline assessment was undertaken with the person and the relative present where appropriate.

Staff support: induction, training, skills, and experience

- Staff completed an induction of mandatory training and shadow shifts before they provided care. A staff member told us, "New staff don't do single care calls when going through induction. Induction is that you do your training (first)."
- Staff told us they had supervision and competency spot checks to review and discuss their performance.
- Staff were trained to assist people with their care and support requirements. A staff member said to us, "I have worked alongside my supervisor. Spot checks were completed (on me) following (my) training."

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

- Staff assisted people to eat and drink enough where this support was needed. A relative told us how staff supported their family member and how staff were flexible to people's wishes. They said, "[Staff] support with meals and give [named people] two or three different choices. Also, sometimes [named people] don't want to eat a cooked meal at lunchtime so staff will make a sandwich for them and do the cooked meal in the evening."

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

- Staff respected people's independence to make their own health and social care appointments or to be supported by family or friends. Where staff assistance was required, they supported this.
- Staff worked to support people in line with external health professional guidance in line with people's wishes. A relative told us, "Staff call the GP when needed. [Named person] has had problems with [named equipment] and [staff] called the health professional they needed to."

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.

- Staff understood the MCA and how to support people in line with the required standards. Staff sought consent from people in a variety of ways, so people's choices were listened to and respected.
- Staff promoted and maintained people's rights to make their own choices. This included what to eat, drink and what to wear. A person told us, "Staff give choices. It is first class. They show me choices and ask is that alright?"

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

- Staff respected people's individual preferences and protected characteristics. Peoples cultural or religious needs or wishes were documented in people's care records to guide staff. A relative confirmed, "Staff know my parents really well...My parents know the staff."
- Feedback received about the service provided by staff was positive. A relative told us, "They are doing brilliantly...I can't honestly fault them on anything."

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

- The registered manager encouraged people and their relatives to be involved in their or their family members support and care decisions. A relative confirmed, "I was there at the initial assessment, and I am also there for any changes and so I am involved." Another said, "[Registered manager] talks to us about the care given in general conversation."

Respecting and promoting people's privacy, dignity, and independence

- Staff promoted and maintained people's privacy and dignity. A relative and a staff member told us separately about a situation where staff had suggested changes to promote a person's privacy. A relative confirmed that it was a situation that the previous care agency or themselves had not thought about. They said, "We hadn't even thought about this."
- Another relative gave us an example of their appreciation when staff had promoted their family members dignity. They confirmed that, "[Staff] are looking after [family member.]"
- Staff encouraged and promoted people's life skills where the person wished to remain independent. A person confirmed, "I do my own medicines." Support from staff meant that people could continue living in their own homes in line with their wishes.

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.

End of life care and support

- Nobody currently using the service was on end of life care. However, we could not evidence that staff had been trained in supporting people with end of life care. The registered manager told us that staff were being trained on end of life care as they completed the care certificate. The care certificate is nationally recognised training for staff working in social care.
- People's end of life wishes, for those people who wanted to discuss these, including a request to not be resuscitated, were documented to guide staff.

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

- Staff supported people with personalised care and support. A person told us, "I'm satisfied with what they do."
- Staff understood people's individual needs and wishes on how they wanted to be supported. A relative confirmed, "It is ticking along nicely at the moment."
- The registered manager involved people and their relatives in discussions that agreed their care and support needs. A relative said, "I personally think the service is quite good...I speak to [staff] and they keep us in touch with what's happening."

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.

- No one currently using the service required information in a different language or format such as large print to aid their understanding.
- On request, information could be made available in a different format when needed. A relative also told us how they were communicated to by staff.

Improving care quality in response to complaints or concerns

- Staff took complaints about the service seriously and complaints and concerns raised were investigated, responded to, and resolved where possible. Actions were taken to try to reduce the risk of recurrence.
- People and relatives told us they felt assured that any concerns raised would be listened to. A person confirmed to us, "I have a contact telephone number which I can use. I would (make) contact if I had a concern or suggestion with no hesitation. Never had to raise a complaint."

- Compliments about the service provided to people had been received, including from a health care professional.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 registered manager talked us through their understanding of the incidents, deaths, and safeguarding alerts they were required to legally inform the CQC of via a notification. However, there were 3 occasions when safeguarding allegations had been made to the local authority safeguarding team, but the CQC had not been notified.

Whilst there was no evidence of risk of harm to people, the registered manager had failed to notify the CQC of all incidents it was required to. This was a breach of Care Quality Commission (Registration) Regulations 2009 (part 4). Regulation 18: Notification of other incidents

- The registered manager and management team had a record of complaints and concerns raised including any actions taken.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

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

- Data analysis using the computerised care system and audits were undertaken to monitor the quality of the service provided.
- Governance monitoring systems looked at staff member's timekeeping, infection control and people's care record audits and whether there were any missed staff signatures in people's medicines administration records. However, the registered manager told us that not all the governance monitoring carried out was formally recorded. They have told us they will make this improvement.
- Action plans were in place for audits undertaken and any learning from safeguarding, incidents, and any near misses. However, these plans did not always record the staff member responsible for the implementation of the action or the deadline for completion. During this inspection the registered manager had made this improvement.
- Staff recruitment records had not been audited to identify areas of improvement in the recruitment process and to make sure robust records were held. During this inspection the registered manager had designed a document that captured the missing information going forward.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "It's a team, anything I want to discuss I can. Management are readily available...Overall it is a very nice place to work."

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

- Staff supported and cared for people helping them to remain in their own homes, as was their wish. People and relatives gave us positive feedback about the registered manager and staff. A relative said, "[Staff] are looking after [family member]. If we had any concerns, we could contact [the registered manager]. I would be confident to mention things to them."
- Staff told us they felt supported by the registered manager and that communication was good.
- Staff understood what would be expected from them should an incident, accident or near miss occur. They told us they would learn from incidents and any suggestions they had would be discussed. An example was shared about encouraging people to drink enough, "A staff member made a suggestion we put a measured bottle with people to measure their drinking (re hydration / fluid intake)." They then confirmed this had been implemented.
- The registered manager shared with us their Anti Nepotism Policy, as several members of the staff team were related. Staff were asked about the expectation on them to report poor care. Whilst they had no examples a staff member confirmed, "The company has engaged an external person who helps undertake supervisions, so this is not done with family members." Another said, "Protocol needs to be followed there is no running away from that."

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

- Staff asked people and their relatives to feedback on the service provided through various ways. This included verbal feedback during spot checks on staff, conversations held during care call visits, and a survey.
- A relative said, "In the beginning after about 2-3 months [the registered manager] rang us a couple of times to see how it was going and I was asked to complete a feedback form."

Working in partnership with others

- The registered manager and staff team when needed would work with external health and social care professionals, such as GPs, to help people receive joined up care and support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Care Quality Commission (Registration) Regulations 2009 (part 4). Regulation 18 (1) (2) (e) Notification of other incidents</p> <p>The registered manager had not notified the CQC of all incidents that they were required to notify the CQC about.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Whilst there was no evidence of risk of harm to people, recruitment checks were not robust to help ensure safe staff recruitment.</p>