

Haven Solutionz Ltd

# Haven Solutionz Ltd.

## 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

Haven Solutionz Ltd is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. 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 there were 6 people using the service with 5 receiving support with personal care.

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

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns.

Risks were assessed, and information provided to staff to mitigate these occurring. Care plans held personal information on people and provided guidance for staff to be able to care for them well.

Medicines were managed safely, and the provider had systems in place to learn from any incidents or accidents which had occurred.

Staff were recruited safely, and feedback was positive with people telling us staff were on time and assisted them with the tasks they required. People and their relatives told us they had not experienced missed or late care visits and the care being provided was consistent.

Staff used personal protective equipment (PPE) appropriately when they undertook care visits, and the provider told us they had sufficient supplies for staff to use.

People and their relatives described the staff as caring, kind, and supportive. People were supported to maintain and increase their independence and were treated with dignity and respect.

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 completed a range of training modules and shadowed experienced staff when starting with the service and people and their relatives said they felt staff knew what they were doing and supported them well. The provider introduced new staff to the people they were going to be supporting to ensure they felt comfortable and safe. Staff were supported when required and told us the provider was always available for support.

Feedback on the service was positive from people and relatives we spoke with who knew who the provider

was and how to contact them if needed. They told us they felt the service was well-led and encouraged people to be engaged and involved in their care. Care records showed staff worked with external agencies, such as healthcare professionals, to achieve positive outcomes for people.

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

This service was registered with us on 14 December 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.

#### 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 Solutionz Ltd.

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by 1 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 who was also the provider.

#### Notice of inspection

We gave the service 48 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 5 May 2023 and ended on 11 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since its registration with CQC. 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with 1 person and 3 relatives who were nominated to speak on people's behalf. 8 members of staff including the provider, service manager, and care staff. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision, and training. A variety of records relating to the management of the service were also reviewed.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. All people and relatives told us staff make them feel safe and also knew who to contact if there were any concerns raised.
- Staff demonstrated knowledge of the different types of abuse people may be at risk of and knew how to report concerns within the service.
- Staff told us, "We are encouraged to report anything we are concerned about. We complete our forms on our app and then call the office. I know the management team will do something about it."
- Staff knew who to contact in the event of actions not being taken by the management team. They told us they would contact the Local authority or the Care Quality Commission to raise their concerns.
- The provider told us there had not been any safeguarding reports made to the local authority safeguarding teams for us to review as there had not been any incidents requiring this. The provider told us what incidents would be treated as safeguarding and assured us they knew what to do to ensure people were safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to the risks presented to them as individuals.
- Risk assessments were regularly monitored and reviewed to ensure staff had the most up to date information and took action to reduce the risks identified.
- Actions were taken where risks had been identified and appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the chance of risks occurring.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history had been checked, and gaps in this history were discussed and recorded. References obtained were appropriate and helped the provider to ensure staff were good character and safe to support people in the community.
- All staff had an appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to meet people's needs. Feedback we received was positive. We were told staff arrived on time, stayed the duration required and supported them the way they wanted.

Using medicines safely

- People received their prescribed medicines on time and in a safe way. People were assessed on their own

ability to manage their medicines safely and staff only assisted with medicines if the person was unable to complete this themselves.

- Where medicines were being administered by staff, records were detailed of what medicines were required and had descriptions of what the medicines looked like so that staff could identify which medicine was being administered.
- All staff had been trained in administering medicines and had their competency with this regularly monitored and reviewed to ensure correct procedures were being followed.

#### Preventing and controlling infection

- Staff who supported people wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up-to-date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the office when required and had arranged to pick up and drop off to their colleagues.

#### Learning lessons when things go wrong

- The provider understood their responsibilities to record, investigate and report any accidents or incidents which had happened.
- Accident, incident and near miss policies and procedures were in place and provided guidance to staff with what they should report.
- The provider completed action plans when things had happened in the service. These detailed what had happened, what was done about it and any learning or changes required to minimise chance of happening again such as adapting a person's support to ensure they took their medicines as prescribed.

# 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 reviewed before they started to use the service. Referrals from appropriate healthcare professionals were reviewed by the provider to ensure people's needs could be met. Within 24 to 48 hours' of the service commencing the provider completed an extensive assessment of needs once the person was back in their own home.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.
- Care records detailed people's likes and dislikes and contained information, which was important to them such as allergies, religious beliefs, pets.
- All care plans had recorded people had agreed their care and support plans and they had been developed together with their relatives where needed.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were trained well and knew how to support them or their loved ones in a personal and respectful way. One person told us, "It's really refreshing when staff come to you who appreciate where you are at. I feel comfortable with the staff who come, and they work with me instead of just doing things for me."
- Staff had received induction training which included the Care Certificate, and there were systems in place to ensure staff had shadowed the provider or a colleague before working independently. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were able to contact the provider at any time for support and guidance which helped to reassure them. Staff told us, "Management are extremely reachable. I am very supported. If im ever stuck or worried I can check with the [registered] manager who is always available."
- The provider introduced all new members of staff to people receiving support to ensure a relationship could be formed and people felt comfortable with new staff.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving care and support required meals to be prepared and served by the staff as other people involved in their care completed this. However, there were records of drinks and snacks being a

offered by care staff in between these times.

- Where people required monitoring due to health conditions such as diabetes, information was available for staff to encourage healthy lifestyles and support people to minimise potential impact on them.

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

- People's care plans contained details of the healthcare professionals involved in their care such as GP or consultants. Staff supported to contact them when necessary.
- Staff worked with other agencies to assist people to live healthier lives and access healthcare services when required.

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.

- People being supported at time of the inspection were able to make decisions about their care and support for themselves and did not require a legally nominated person to make decisions on their behalf. The provider understood what would be required if a person were unable to make decisions for themselves.
- Details of other persons involved in people's care, who could support with decision making or advocate on their behalf was recorded in care plans.
- People were asked for consent before completing care plans and assessments. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs. Staff told us, "Consent is the most important part. I always get consent from people. If someone refuses support, it's important to know why. If we make sure we ask it may be that there is something that needs changing. If they still did not wish for support, I would respect that."

# 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 and their relatives told us staff were caring and supported them in a personal way whilst respecting equality and diversity..
- The provider knew each person the service supported as they had completed care visits to them which enabled them to guide new staff knew people and their preferences well.
- Feedback on staff who supported people was positive. Including, "My [loved one] is very happy with the staff. They are so friendly and patient with them." And "I can't say anything bad about the staff, they are brilliant."
- We were told by all people and relatives' staff had developed good relationships with them. One relative told us, "When I arrived to visit my [loved one] I was walking up the corridor and before I saw them, I could hear lots of laughing. This was my [loved one] with their carer. They were having a laugh and joke. It was lovely to hear."

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

- People and their relatives told us they had been involved in making decisions about their care. They were involved in initial planning and management of care.
- People and their relatives told us staff took time to get to know them and involved their relatives in day-to-day care and support.
- Care plans included important information such as contact details of all people important to an individual. There was a list of who should be contacted first in the event of an emergency or regular day-to-day updates. All relatives we spoke with told us the staff keep them up to date with all important information relating to their loved ones.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Staff were providing support only when the person could not manage themselves. We were told staff were there for confidence and to make sure people were safe. One relative told us, "The staff do as much or as little for my [loved one] as my [loved one] needs. It changes day to day, and they adapt and help them to remain in their own home, safely, which has always been their wish."
- Staff described how they would ensure people were treated with dignity and respecting people's right to privacy, such as closing curtains and shutting doors when providing personal care.
- People's care records were stored securely on the services electronic care planning system to ensure people's information was kept confidential and in line with General Data Protection Regulations.

# 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 and their relatives had been involved in initial care plans when starting with the service. This ensured people were able to choose how they wished to be supported.
- One relative told us that the service was responsive to changes in need of their loved one or supporting them in a personal way. They told us, "When something happened to my [loved one] not when the carers were there, we phoned the office and they said, 'we'll be there in 20 minutes' to see if there was anything they could help with and they came which we really appreciated."
- Care plans were goal orientated. People and their relatives had informed the service what they wished to achieve from the care, and this was recorded along with people's progress to achieve these.
- Staff described what person-centred care meant to them and how they apply this when supporting people. We were told, "Care is always for the individual. No two people are the same and therefore should not be supported the same."

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 assessed and recorded in care plans. All people were able to communicate their wishes and preferences at the time of inspection.
- The provider told us they understood the Accessible Information Standards which was in process of being developed and could be adapted for any future people that require information in a more accessible form such as braille or large print.

Improving care quality in response to complaints or concerns

- All people and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint but had not felt the need to at time of the inspection.
- We were informed the service had no open complaints for us to review at the time of inspection. The provider explained they contacted people and completed visits to people and discussed any concerns they had and would solve them before they became complaints.
- We were told if complaints were received, they would be investigated openly, in line with their policy and would be used to continually improve the service.

#### End of life care and support

- The service was not supporting anyone with end-of-life care at the time of the inspection and had not since they registered with the Care Quality Commission.
- The provider had an end-of-life policy and procedure in place, and this had been sent to all staff.
- Following the inspection and discussions with the provider, all staff will be assigned training in supporting people with a dignified, comfortable and pain free death.

# 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

- We found a positive person-centred culture within the service. Staff enjoyed their role and people, and their relatives were positive about the support provided. One person, had asked the local authority to remain with the service, following their assessment period, due to the care provided and relationships which had already been built.
- People and their relatives told us they felt the service was well led, and staff were reliable and consistent
- Communication between the management and staff teams was good. Staff told us they speak with the provider daily to ensure there were no concerns.
- Staff told us they enjoyed working for the service and that it was a good place to work. People were all positive about the care they received and the impact this had on their lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The provider, management and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- The provider understood their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong and felt confident concerns would be recorded and investigated appropriately.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff support them the way they wished to be supported and also adapted the support when required.
- People, their relatives and staff all told us the provider was open, honest, responsive and always contactable which provided reassurance to them.
- The provider explained and demonstrated plans to engage people, their relatives and staff even further once the service started to grow. They had plans to complete scheduled visits to people, increase frequencies of meetings and develop communication tools to ensure any concerns, feedback or suggestions

could be captured to improve the service.

Continuous learning and improving care; Working in partnership with others

- Audits had been implemented by the provider to ensure the service was working in accordance with the service's policies and procedures and were used to identify any ongoing improvement needed.
- The provider had drawn on their own experiences of moving to the United Kingdom to assist staff and improve care and support for people. They had held sessions on British cuisine, British culture and encouraged staff to read national newspapers and watch British television programmes so staff can relate to the people they are supporting.
- The provider and staff worked closely with health and social care professionals to provide effective and joined up care and support and also adapted the support when required.
- The provider was in process of improving records and documentation within the service and was open to suggestions in how to potentially streamline and improve documentation.