

Initial Haven Care Services Ltd

# Initial Haven Care Services

## Inspection report

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Date of inspection visit:  
23 May 2023

Date of publication:  
21 June 2023

### 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

Initial Haven Care Services is a domiciliary care agency. It provides personal care to older people living in their own homes. At the time of our inspection the service was providing care to 3 people.

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.

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

People received safe care. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with, and these contained personalised information about people and their preferences for how they liked to be supported.

People received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. People's health needs were monitored and met. People were supported with their meals if this was part of their care plan and this was according to their needs and preferences.

There were enough staff to support people and staff arrived on time at people's homes. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints and accidents and incidents. The registered manager was responsive to and worked in partnership with other agencies to meet people's needs.

There was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

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.

There were systems in place to monitor the quality of the service and recognise when improvements were required and these were clearly recorded.

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 and update

This service was registered with us on 24 January 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Initial Haven Care Services

## 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 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.

#### 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 23 May 2023 and ended on 24 May 2023. We visited the location's office on 23 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals 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 spoke with the registered manager and consultants involved in the service. We emailed 4 care workers and received feedback from them about their opinion of the service. People who used the service were unable to speak with us but we received feedback from their relatives about the care they received.

Following the inspection, we continued to seek evidence from the provider including documents such as training matrix and improvement plans.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration. Risk assessments were clear and included details of the person's background, medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- There were risk assessments and management plans in relation to people's environment, such as ensuring the home was left secure after each visit to keep them safe. This included a 'Good practice guide for positive risk taking for families/carers'.
- People had personal emergency evacuation plans in place. These were detailed and had been written in collaboration with the person and their relatives. They highlighted any particular risks that could prevent the person from safely evacuating the building in the event of a fire, any mobility or health concerns, and how to support the person should there be a fire or other emergency.
- Risk assessments were personalised to the person and their individual needs. For example, one person was using topical emollient, which can be a fire hazard. The risk assessment clearly described the risks and how to minimise these. For example, by frequently changing the bed sheets and person's clothing and explaining clearly to the person the risks associated with the use of the cream. Clear guidelines about emollient creams was provided to care workers so they were also aware of the risks, and knew how to manage these.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us their family members felt safe with the care workers who supported them. One relative stated, "My [family member] is definitely safe with the care worker, we have no concerns in that department at all. Both the manager and senior team have been absolutely amazing" and another said, "Absolutely, [family member] feels safe around the carer and very happy with the care given."
- There was a safeguarding policy and procedure in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. A staff member told us, "I have completed safeguarding training. Safeguarding is protecting vulnerable adults from harm and abuse. If I ever suspect any abuse or harm I will not hesitate to call the office and let my manager know immediately."
- The provider had systems in place for noting and responding to safeguarding concerns. There had not been any safeguarding concerns since the service started.
- Relatives told us they received their visits on time and care workers stayed the full allocated time. A

relative stated, "Yes, the care worker does stay the agreed time."

#### Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us staff covered for each other and they were also always on hand to provide care at short notice in the event a care worker was unwell.

#### Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedure for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed.
- The registered manager carried out regular audits of people's medicines and the medicines administration record (MAR) charts, and these were recorded.
- We viewed the MAR charts for all the people who required support with their medicines and found these were recorded appropriately and staff had signed when they had supported people.
- Relatives confirmed their family members received their medicines as prescribed. One relative told us, "Yes they assist with medication and it's done correctly" and another said, "[Family member] can take [their] medication but may need assistance and yes it's always done correctly."

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment (PPE) such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff confirmed they had received adequate training in infection control. One care worker stated, "I have done infection control, I wear PPE, I always observe infection control practices when assisting service user or clients, washing my hands, using hand sanitiser. Changing gloves when changing tasks like cooking and cleaning."

#### Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents. They had an incident and action log where they reviewed monthly any incidents that may have happened. However, there had not been any since the service began operating.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service, to help ensure these could be met. Initial assessments were used to write people's care plans and these were developed overtime as people's needs changed.
- Assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. They also included how the person wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised. Relatives thought the staff were well trained and had the necessary skills to meet their family members' needs.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling, communication and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as dementia care and end of life care. We saw evidence staff training was up to date and regularly refreshed.

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

- People's nutritional needs were recorded and met. People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared. One relative told us, "The care worker is very respectful and also takes my [family member's] diet into consideration and makes what [they are] happy with."
- Staff received training in food hygiene and nutrition awareness to help ensure they could meet people's needs in a safe way. In addition, they were provided with written guidance about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were recorded and met. The registered manager told us staff were vigilant during visits and reported any concerns they may have about people's health conditions.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. People were supported to remain as healthy as possible, and staff received the necessary training to understand people's health conditions. For example, diabetes, COVID-19 and sepsis.
- People were supported to maintain good oral care, and there was information about this for care workers and family members. Care workers were expected to ensure they provided people with good oral care and there were monitoring records of this.

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 were consulted about their care, and their choices were respected.
- The registered manager told us all the people who used the service had the mental capacity to make decisions about their care, and these were respected.
- We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect by the care workers who supported them and relatives confirmed this. Their comments included, "The care worker is amazing, very polite and caring. My [family member] is extremely happy with [their] care worker", "They really do care about my [family member]. They love going above and beyond and making sure we are comfortable and happy" and "I have nothing but great things to say about them honestly. They have really been so helpful and attentive to all our needs."
- People's religious and cultural needs were recorded and met. One relative told us, "My [family member's] cultural and religious needs are all being met" and another said, "[Care worker] speaks [family member's] language which made it very easy for [them] to communicate in [their] own words."
- Staff received training in equality and diversity and demonstrated a good understanding of this. The provider had an equality and diversity policy in place which included details about how to support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. At the time of our inspection, they were not supported anyone from this community.

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

- People and relatives were consulted and involved in decisions about their care. A relative told us, "They really took my [family member's] needs into consideration and provided [them] with exactly what [they] wanted."
- People were encouraged to express their views during spot checks, via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. Relatives told us the care workers knew their family members' individual needs and met these.
- When asked how they ensured people were treated with dignity and respect, the registered manager told us, "The carers are made aware of the importance of this. It is always applied and mentioned. We advise carers how to support people with dignity and respect their privacy at all times. Care workers also get training."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People's needs were recorded and met in line with their needs and preferences. Relatives told us they were happy with the care their family members received.
- People's care plans were comprehensive and person-centred and were developed during the pre-admission assessment and over time. They contained details about the person and how they wished their care to be delivered. Each section detailed the person's identified needs, planned outcome and how this could be achieved. Sections included personal care, food, drinks and diets, medicines, mobility, health and medical care, social needs and communication needs.
- Care plans contained specific information for care workers to follow at each visit. For example, reminding them to be polite and respectful, to adopt a professional dress code, to observe good infection control practices and be observant at all times, in case a change in the person's health was noticed.
- Details guidelines were available for care workers to help ensure the person received the care they required at all times. For example, how to support them with their mobility, the level of support they required with personal care and how to meet their nutritional needs.
- There was clear information about healthcare conditions so care workers could learn about these, recognise signs the person was becoming unwell and take appropriate action to keep them well. For example, understanding diabetes, high blood pressure, heart disease, hearing impairment, gastritis and osteoarthritis. There was also information about pressure ulcers, early symptoms and action to be taken to prevent skin deterioration.

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 recorded in their care plans and met. One person whose hearing was impaired had a 'My communication card' in place so staff would understand and know how to support them appropriately. These included if the person required a hearing aid and how to support them to wear this.
- Guidelines for staff contained information about how to best communicate with each person, for example 'Maintaining eye contact' and 'Facing the person and speaking clearly'. There were also 'Communication tips' available for staff to help them communicate with people effectively. For example, 'Keep your voice

down', 'Get to the point', and 'Make sure you have the person's attention before you start speaking'.

- Care plans were available in the person's preferred language, so they were able to read and understand these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained information about the social activities they enjoyed. Mostly, people who used the service were supported by family members to undertake activities of their choice. The registered manager told us, "This is discussed with people. We find out what they like. Mostly they want to be with their families. We get to know the family members and we are there to provide whatever the person wants."
- People who used the service either lived with relatives or nearby and were able to maintain relationships with their extended family.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident these would be addressed. Their comments included, "I do know how to file a complaint but I have not needed to, so far so good" and "Yes we do know the complaints procedure and how to put it forward, however there has never been a need to complain as the agency is very helpful and responsive."
- The registered manager confirmed they had not received any complaints since registering the service.

End of life care and support

- The provider had an 'End of life' policy and strategy in place and relevant information for people and their relatives. At the time of our inspection, they were not providing end of life care to anyone, but people were consulted about their wishes in relation to this.
- The provider had detailed end of life care plans available for people when they were comfortable discussing their wishes in relation to this.
- Some people had DNACPR decisions in place, signed by the appropriate parties. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing.

# 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

- Relatives spoke positively about the care workers and management. They told us the registered manager was approachable and they knew them well. Their comments included, "Overall the agency is very professional, very attentive and responds quickly when we contact them", "Both the manager and senior team have been absolutely amazing", "They are very responsive and easily accessible just a phone call away and they always answer" and "They have really been so helpful and attentive to all our needs. Customer service is 10/10. I'm so glad we came across this company."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. Their comments included, "I am very comfortable with my manager. I can call [them] if I have any concerns and needs", "We are given a voice. Our manager cares about our opinions and how we are doing", "If I have a concern I can call my manager about my issue knowing that I will be heard and that [they] will do everything possible to make my situation better. It never falls on to deaf ears and I always receive an update", "I feel listened to and valued for sure" and "My manager always shows us appreciation and tells us we are doing a good job and every time we get good feedback he tells us how well we are doing."
- The culture was positive and inclusive and this contributed to a happy staff team who enjoyed their job and cared about the people they supported. One care worker told us, "I feel very encouraged and supported by my manager. I feel that the staff morale of this company is very good. It's a good place to work and I enjoy helping and caring for the clients. I also like the way we work as a team and the way our manager updates us on all the relevant information. It's nice to work for a company that highly values staff and appreciates them."
- The registered manager initiated a social media group which was an effective way of communicating and sharing information with staff.

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They told us, "It is good to be transparent and honest. We apologise and always are transparent. It is interlinked with person-centred care."
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The provider had robust systems in place to monitor the quality of the service and identify any shortfalls.

These included audits about recruitment, care plans, incidents and accidents, medicines and daily communication log sheets which care workers recorded. We saw where concerns had been identified, prompt action had been taken to make the necessary improvements. For example, close monitoring of care workers where recording of the care had not been adequate.

- There were regular spot checks undertaken of the care workers to help ensure they were carrying out their duties in line with people's care needs, choices and wishes. Checks included punctuality, personal appearance, politeness and consideration, respect for service user, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.
- The provider was planning to introduce an electronic monitoring system to be able to monitor the care people received in real time, so they would be able to address any concerns without delay.

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

- People who used the service, relatives and staff were encouraged to be involved in the service and give their opinion. We viewed the latest staff survey undertaken and saw all staff were happy working for the provider and felt supported.
- The provider carried out regular surveys of people's care, such as telephone surveys or discussing care with the person during a visit. We viewed a sample of these and saw people were happy with the care they received and the care workers who supported them. Comments included, "Carer is very thoughtful and helpful" and "Carer is punctual, understands the importance of being gentle when supporting with personal care needs."
- There were regular staff and management meetings where all aspects of the service were discussed. For example, a review of audits, review of mock inspection action plans, development plan, complaints, health and safety, accidents and incidents, policies and procedures and ongoing action plans.
- People were given 'service user guides' when they started using the service, to help ensure they had all the information they required about the agency

Continuous learning and improving care; Working in partnership with others

- The registered manager led a good team who always strived to improve people's lives by making changes as necessary to meet their needs. The whole team placed people at the centre of all they did and involved other agencies and external professionals as needed to achieve the best outcome for people who used the service.
- The provider kept a record of any compliment they received. We viewed a sample of these. Comments included, "On behalf of my family, I'd like to say a thank you for the kind care and attention you have provided to our [family member]", "I wanted to take a moment to show our gratitude for the lovely care and support provided by our agency and carer [Name]" and "[Care worker] has been a true blessing to our family... [Care worker] goes above and beyond go make sure my [family member] is comfortable and happy, and we are so grateful."
- It was noted during a management meeting that two care workers had reported the people they supported had made great progress over the last few weeks. They were praised by the management for the care and support they gave people which had contributed to this improvement. Relatives we spoke with confirmed they were 'very happy' with the care their family members received.
- The provider had a business contingency and emergency plan in place in the event of an emergency which may impact on the care delivered to people. For example, restricted access to premises, outbreak of disease or infection or illness of staff.
- There was good communication between the registered manager and care workers, and we saw evidence of this. Care workers confirmed they felt supported and involved in the service and were happy with the provider. We saw evidence they were kept informed of changes within social care and were valued.

- We saw evidence the registered manager expressed their gratitude to staff about their work and dedication. Comments included, "We would like to take this opportunity to express our heartfelt gratitude and appreciation for all your hard work and dedication throughout the year" and "Thank you for your commitment and passion for delivering quality home care services."