

Mr Vastiampilla Stanislaus

Haven Care

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

- Haven Care provides personal care to adults who live in their homes and those recovering from hospital admissions, receiving rehabilitation or need short term personal care until alternative care arrangements are made.
- The service's office is based in Ilford, London. Care is provided in the London boroughs of Redbridge and Waltham Forest. □
- At the time of our inspection, 204 people used the service and there were 130 staff.

People's experience of using this service:

- People and their relatives told us that the service was safe. There were enough staff to support people. However, we identified that staff were not always punctual.
- There were systems in place to ensure that medicines were administered safely. Staff had received training in medicine administration.

Personal and environmental risk assessments were completed for people. However, we identified some risk assessments did not contain guidance for staff on how to mitigate the risks. We made a recommendation on risk assessment.

- Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported by the registered manager and senior staff.
- People were supported by staff with their nutritional and hydration needs.
- People had access to health and social care professionals where required and staff worked together cooperatively and efficiently.
- Staff treated people with kindness and compassion. Staff had positive relationships with people and knew what is important to them. People and relatives told us the staff were kind and friendly.
- People, their relatives and staff members commented positively about the management of the service and felt that the service was well led. The provider was approachable to people and staff.
- There were appropriate auditing systems in place, which ensured that issues were identified and acted upon to ensure improvement were made to the service.

Rating at last inspection:

The service was rated as good at the last full comprehensive inspection, the report for which was published on 18 July 2016.

Rating at last inspection:

Why we inspected:

- This was a planned inspection based on the previous inspection rating.

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 findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our findings below.

Good 

Is the service caring?

The service was caring.

Details are in our findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our findings below.

Good 

Haven Care

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults and people with dementia.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During the inspection we spoke with eight people, four relatives and five care staff, a deputy manager,

branch manager, managing director and the registered manager.

- We reviewed seven people's care records, seven staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were not always safe and protected from avoidable harm.

Requires Improvement - 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:

- People and relatives told us that staff were not always punctual for their visits. One person said, "It is like 'hit and miss', you don't know if they are coming or not. Sometimes they miss calls and I have to ring them."
- A social care professional stated that one of the problems they had identified with the agency was failure of staff to arrive for visits. This showed that the service was not always safe to ensure people received care on time.
- In response to these concerns, a new electronic monitoring system had been introduced. The registered manager showed us that this had resulted in a reduction of late and missed visits. They also told us, "We have a problem with staff going off sick at short notice. We have reduced the packages we accept because of this. We now take on people only if we have the capacity to provide services."
- Records confirmed that there were sufficient staff to cover people's care needs.
- Pre-employment checks such as Disclosure and Barring Service (DBS) criminal records checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the people who used the service were reassured staff were appropriately checked and were safe to provide care.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to identify, prevent and report abuse. Staff had access to contact details of local authority safeguarding team and were aware of how to contact them if needed.

Assessing risk, safety monitoring and management:

- People's care plans contained detailed risk assessments which were linked to their support needs. However, some risk assessments did not provide guidance for staff on how to mitigate the risks. We recommend that the registered manager finds out more about completing risk assessments based on current practice.
- Environmental risks, including fire and safety risks and use of equipment, were assessed and reviewed regularly.
- Contingency plans were in place to ensure that people were provided with consistent care in the event of an emergency.

Using medicines safely:

- Where needed, staff supported people with medicines. A relative told us, "I give medicine to [my relative] but staff help with personal care." A member of staff told us, "I had medicine administration training. Yes, I administer medicines and record them."
- There was a good medicine administration and management system in place. This meant that people were confident to have their medicines as prescribed by their doctors.

Preventing and controlling infection:

- Staff had received infection control training. Infection control was included in people's risk assessment which meant that the service took the risk of spread of infections seriously.
- Staff had access to personal protective equipment, including disposable gloves, aprons, gowns and shoe covers. The stocks were kept at the site office and staff told us that they had no problems accessing them. This showed people and staff were protected from the risk of cross infections.

Learning lessons when things go wrong:

- The service kept records of incidents and accident that had taken place. The registered manager told us that they analysed the incidents to ensure lessons were learnt and improvements were made to the service. This showed there was a culture of learning and improvement to ensure people received safe care.

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

Good: 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:

- Comprehensive assessments of people's care and support needs were completed before people started using the service. The service received referrals which detailed support needs of people.

Staff support: induction, training, skills and experience:

- People received effective care from staff that were skilled, competent and suitably trained. People's comments included, "Yes, [staff] are well trained", "Staff do everything that [we] ask and everything is put down in the book" and "[Staff] are always professional."
- New staff completed an induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training such as moving and handling, infection control and safeguarding. During their induction, staff completed the Care Certificate. The Care Certificate includes a set of standards that care staff should abide by in their daily working life when providing care and support to people.
- Staff had completed a range of additional training relevant to their roles. The training was refreshed and updated regularly. A member of staff said, "I had a refresher [training], we have regular updates; [the registered manager] always tells us when our refresher training is due."
- Staff told us they felt supported in their roles by the registered manager and senior staff.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for line managers to meet with staff, discuss their training needs, identify any concerns and offer support.

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

- Where needed, staff supported people with meals.
- People's specialist diets and nutritional preferences were catered for and people and relatives were complimentary about the meals. One person said, "[Staff] do me meals." A relative told us, "I am satisfied with the support staff provided, [staff] make certain that [person] has enough food and drink."

Staff providing consistent, effective, timely care:

- People told us they received effective care and their individual needs were met. One person said, "I'm very happy with [the service], so I don't want to change [it to any other service]." A relative said, "Staff are very well trained, caring and down to earth."

Supporting people to live healthier lives, access healthcare services and support:

- People told us they had equipment they required for their needs. Staff liaised effectively with health and social care organisations such as occupational and physio therapists to assess and provided equipment

people needed for their care.

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 Act 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training about the MCA. They knew that people had the right to make their own decisions unless they had been assessed they did not have capacity to make certain decisions. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and healthcare and social care professionals.
- Staff told us that they asked for people's agreement before supporting them with personal care and other tasks. People confirmed that they were involved in decisions about their care.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff showed care, compassion and respect towards people using the service. One person said, "I have full confidence in [staff], if I am in pain, [staff] can see in my face and stays and chats and gives me a cup of tea." Another person said, "[Staff] are very caring and nothing is too much trouble for them."
- People's cultural and diversity needs had been assessed and were detailed in their care plans. This included people's needs in relation to their culture, religion and gender. Staff had received training in equality and diversity and knew that their responsibility to respect diversity. People were confident the service could provide them with staff who knew and were able to meet their individual needs.

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

- People and relatives told us staff listened to them and respected their decisions about their care.
- Staff received training in communicating effectively. The service provided staff who were able to communicate effectively in different languages spoken by people using the service.
- Records confirmed that people and their relatives were involved in meetings to discuss their views about their care. This included information within their care plan and how they wished to be supported.

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

- Staff supported and encouraged people to be as independent as possible in their daily routines. For example, one person said, "[Staff] are trying to help me keep my independence so I wash what I can and they do the places I can't reach."
- People told us that staff were considerate. People told us that staff always said good morning and asked them how they were feeling. Comments from people included, "[Staff] are bubbly and understanding", "[Staff] are humane and kind." Staff told us they respected people's choices, preferences and treated them with dignity.
- Staff described how they supported people's privacy, dignity and confidentiality. This included shutting the doors or drawing curtains when supporting people with personal care, giving choice and asking people's consent always when providing care.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us their needs were met. One person said, "[Staff] knew me very well. I like them."
- Each person had a care plan developed on the bases of their assessments of needs. The plans included guidance for staff to help them understand how people liked their care to be provided. Records confirmed that people were involved, where possible, in the development of their care plan.
- Staff told us they knew people well and had good understanding of their family history, interests and preferences, which enabled them to engage effectively and provide person centred care.
- Staff worked flexibly to respond to people's needs. One person said, "What is really good is that sometimes instead of doing Monday to Friday, [a member of staff] pops in every Saturday to spend more time with me." Another person told us that they were happy that staff visited at the times they needed them.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. Records showed that the registered manager had investigated and responded to complaints.
- We found that the service was not working in line the Accessible Information Standards (AIS).

Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support. This service was supporting people living with dementia and people who had other communication support needs. The registered manager told us that they would ensure that information about the service's complaints procedures and documents were made available in versions accessible to people in line with AIS.

End of life care and support

- The service was not currently providing end of life care. The registered manager told us that they would ensure staff had end of life care training should they decide to provide this service.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care:

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People told us they were happy with the service. One person said, "I am very happy with Haven Care, I have the same [staff]." A relative told us, "The service is great. [Person using the service] is relaxed with [staff]."
- There was an open and transparent culture within the service. The registered manager was open and cooperative with us throughout the inspection. The service notified CQC of all significant events.
- There was inclusive and good working atmosphere within the service. Staff told us they liked and enjoyed working at the service. One member of staff said they got satisfaction from supporting people.

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

- There was a clear management structure in place, consisting of the provider, branch manager and deputy managers.
- Staff understood their roles and communicated between themselves to ensure people's needs were met. For example, staff used electronic devices and log books to share information between them. One member of staff told us that they rang office if they needed to share urgent information or tell managers they were running late.
- There were appropriate quality assurance procedures in place. These including auditing aspects of the service, such as medicine and care planning, and carrying out spot checks to ensure people were receiving care that met their needs.

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

- The provider sought feedback from people about the service in many ways. This included monthly random telephone calls to people and annual quality assurance surveys. Records showed people gave feedback on their experience of using the service.
- Staff spoke positively about the management of the service and told us it was well led. They described the registered manager and senior staff were approachable and supportive to them.

Continuous learning and improving care:

- The registered manager analysed feedback from people, staff and audits. They used the findings to identify areas of improvement and create action plans.
- The registered manager attended regular meetings with the local authority and care related forums to

share best practice and improve people's care experiences.

Working in partnership with others:

- The registered manager worked with health and social care professionals to provide coordinated and consistent care. The registered manager ensured that changes in people's needs were reported to those who commissioned care.