HC-One Oval Limited

Haven Care Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 8 and 10 May 2018 and was unannounced.

This was the first inspection of Haven Care Home following the change of provider to HC – One on 15 December 2017.

Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide nursing and personal care and accommodation for up to 40 older people and people with disabilities. At the time of the inspection there were 27 people living at Haven Care Home. People had different health care needs. Some required continual nursing care due to complex health care needs; including end of life care. Other people needed support with personal care and assistance to move around the home safely due to frailty or medical conditions and some people were living with dementia.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not enough permanent staff working in the home, which meant there was a reliance on agency staff, particularly agency nurses. This had a negative impact on the support and care provided; medicines were not given out as prescribed, there had been errors and safeguarding referrals had not been made in line with current guidance. This meant people may have been at risk of harm or injury.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and safeguarding. They said they were aware of current guidance to ensure people were protected. However, not all staff had demonstrated a clear understanding of protecting people from harm and had restricted a person without following current guidelines. For example, a best interest meeting with appropriate health and social care professionals.

Care plans had been personalised, they identified people's specific needs and included guidance for staff to follow and provide the care and support people needed. However, the information recorded was not consistent and had not been effectively reviewed by the nurses, due to the lack of permanent staff. Records showing the support and care staff offered daily had not been completed and did not accurately reflect the actual care provided.

HC - One quality assurance and monitoring system had not been set up at the time of the inspection and

staff were unable to access policies and procedure at the home. Policies requested were available after the inspection and were sent to CQC. Following the inspection an improvement plan had been completed that identified areas where improvements were needed and what action would be taken to address them. These improvements would take time to implement and embed into practice.

Risk had been assessed and people were encouraged to be independent in a safe way, with the provision of walking aids and assistance from staff as required. Emergency procedures had been developed to support people if they had to leave the building; there were regular checks of the environment and staff followed the providers infection control policies with a cleaning schedule that ensured people were protected.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were aware that people had different communication needs, such as sensory loss, and were able to explain how they supported people to communicate. However staff had not attended training in.

We recommend that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff had received relevant training and were supported to develop their knowledge and professional practice through regular supervision and yearly appraisals.

People said the food was good, choices were offered and staff assisted people with their meals. Any concerns with people's diet were referred to the GP and people were weighed regularly to ensure they had sufficient to eat. Staff said people had access to health care professionals and there was evidence of the management of people's care between the staff and external professionals.

People were encouraged to keep in touch with people who were important to them and relatives and friends said they could visit at any time and were made to feel welcome. People, relatives and staff said they were aware of the issues in the home with staffing and the change of provider and were involved in discussions about improving the services.

We found one two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a reliance on agency staff which meant there were not enough staff working in the home with the skills and understanding to meet people's needs.

Medicines were not managed safely, which meant people were at risk of not receiving their prescribed medicines.

Staff had attended safeguarding training; but had not made referrals to the local authority in line with current guidance and people were not consistently safe.

Recruitment procedures were in place to ensure only suitable people were employed at the home.

Records showed regular checks had been completed to ensure the environment was safe.

Is the service effective?

Good

The service was effective.

Staff said they had attended relevant training and management provided support through supervision and appraisals to ensure their practice was up to date.

Staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and people were supported to make decisions about the care provided.

People were encouraged to have enough to eat and drink; choices were offered and people chose where they wanted to have their meals.

People were supported to maintain their health and wellbeing and referrals were made to health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was protected.

Staff provided support based on people's preferences and choices and asked for their consent before providing assistance in a kind and caring way.

People could have visitors at any time and relatives and friends were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans contained personalised information about people's needs and guidance for staff so that they understood them. However, the information was not consistent and care plans had not been reviewed and updated when required. Daily records did not reflect the care and support provided.

People's needs had been assessed to ensure their needs could be met and people and their relatives were involved in planning and reviewing the care provided.

Activities were provided based on people's preferences and staff respected people's choices if they chose not to participate.

The complaints procedure was available to people and their relatives to use if they wished.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance and monitoring system had not assessed all of the services provided, additional work was needed to identify areas where improvements were needed and drive improvement.

Feedback about the service provided was consistently sought from people, relatives and staff.

Staff meetings had taken place to inform of any changes and encourage staff to put forward suggestions for improvement.

The provider had informed CQC of any incidents that may affected the provisions of services.

Haven Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is 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.'

This inspection took place on the 8 and 10 May 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. Due to technical problems, the provider was not able 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 10 people living in the home and five visitors. We spoke with 11 staff including the registered manager, deputy manager, administrative staff, care staff, housekeeping staff, the chef and maintenance staff.

We observed the care and support provided and interaction between people, visitors and staff throughout the inspection. We looked at the storage of medicines and observed being given out and we looked around the home.

We looked at a range of documents related to the care provided and the management of the home. These included four care plans, medicine records, three staff files, accident/incidents and complaints.

We asked the registered manager to send us copies of records after the inspection including policies and procedures for safeguarding, whistleblowing and medicines. These were sent to us as requested.

Requires Improvement

Is the service safe?

Our findings

People said they were comfortable living at Haven Care Home. Relatives thought their family members were safe and people were equally positive. Their comments included, "I feel safe, yes" and, "More safe here than on my own. Staff are very good give you a bit of advice." They thought permanent staff knew them well and understood their preferences, although agency staff were less understanding of their needs. Staff said there had been concerns about the staffing levels, particularly the use of agency staff. They also said this seemed to have settled down as there was a permanent team of care staff, with little use of agency care staff, at the time of the inspection.

However, despite the positive comments we found areas that may impact on people's safety and improvements were needed.

There were varied views about the staffing levels at Haven Care Home, but overall people, relatives and staff said there were times when there were not enough permanent staff working in the home. The registered manager said there was ongoing recruitment of staff, but it continued to be difficult to recruit staff for a number of reasons and comments from staff included, "They pay more at other homes." People and relatives were aware of these difficulties and that there had been a reliance on agency staff, particularly at weekends. One relative told us, "Weekends worry me. Those that are on, just run around, they're finding it hard to get staff." One person said, "My only complaint is there is no continuity, get to know them and then they move on." Another person told us, "Used to be terrible, didn't know the job, it's changed in the last month." Another person said, "The agency nurse is extremely wonderful and permanent staff are wonderful." The registered manager said they had used agency care staff, but at the time of the inspection there were enough permanent care staff working in the home and, they used agency care staff only to cover absences. She said, "We ask for staff who have worked here before and know the residents" and, "The biggest difficulty is in recruiting nurses, with the appropriate skills and expertise to provide nursing care in a care home." They continued to actively recruit nurses.

The registered manager continually reviewed agency nurses working at the home, as they were responsible for most of the 12 hour day shifts. They had block booked the same agency nurses to cover months at a time. This was to enable the nurses to have time to get to know the services provided at the home; understand people's needs and allocate work appropriately, as well as offer guidance to care staff. However, there had been times when the regular agency nurses were not available and nurses who had not worked at the home previously were employed. One nurse told us their induction consisted of being shown the fire exits in the building, where the care plans were stored, the medicines and the associated records. They said they could ask the other nurse on duty if they had any questions, as they had worked at the home before and, there were sufficient staff working if they had any queries. However, the care plans were being reviewed and updated as part of the transfer to the new provider's format, which meant the information available for staff to refer to may not have been complete or up to date. We found there was no consistent overview of the care and support provided and there was limited guidance for staff to follow to meet people's needs, which may put people at risk of harm. The registered manager said until there were sufficient numbers of staff working in the home admissions had been suspended.

The management of medicines had been reviewed prior to the inspection and some improvements had been made. However, there was no system in place to check that prescribed topical creams were available for people and care staff to use when assisting people with their personal care; or that the correct creams were applied. Prescribed creams had been ordered and were stored in the clinical room, for care staff to request when they needed them. In one person's room we found three creams that had not been prescribed and in two other rooms there were no creams at all. Although they had been prescribed to protect people's skin and reduce the risk or soreness or a rash. In addition, the records had not been consistently signed, to evidence that prescribed creams had been applied. We looked at records after personal care had been provided and asked staff what they had used. One member of staff said they had applied a particular cream because, "It was there," but this had not been prescribed for that person. This meant people may not have been protected from skin damage or were at risk of damage if the wrong cream was applied. We informed the nurse on duty; they removed the incorrect creams and said they would check throughout the home to ensure only prescribed creams were available.

The provider had not ensured there was sufficient staff, with the right skills and knowledge, to provide safe care and treatment for people. The above are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

The registered manager had informed CQC in 2017 that there had been a lack of understanding with regard to who was responsible for making referrals to the local authority; if staff had concerns or there had been errors. For example, medicine errors. The registered manager informed the local authority about the errors when they had been told about them. They had been investigated under safeguarding, action had been taken and training had been provided for staff to ensure they had an understanding of what action they should take. Staff said they had attended training in safeguarding people; they were aware that there were different types of abuse and clear about what action they would take if they had any concerns. One member of staff told us, "I would tell the nurse or manager and I am sure they would deal with it, but I we can contact the safeguarding team or you (CQC) if we are not happy." However, staff had not consistently demonstrated an understanding of safeguarding procedures and how to protect people from harm. For example, staff had restricted a person's movements, to reduce the risk of them falling. The nurse on duty had not identified this as a concern and had not taken appropriate action; such as referring this as a safeguarding incident to the local authority. The registered manager made the referral when they were informed of this incident; she continues to inform the local authority and CQC of concerns and has arranged additional safeguarding training for staff.

The provider had not ensured that staff had a clear understanding of safeguarding people from inappropriate care and treatment. The above is breach of Regulations 13 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

The registered manager had arranged additional training for safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); following on from the safeguarding investigation into inappropriate support provided by staff and, to ensure staff had a clear understanding or current guidelines to keep people safe.

A whistleblowing policy was in place and staff said they knew how to use it to keep people safe. Staff said they would not hesitate to report anything they were concerned about. One member of staff said, "I wouldn't worry about reporting anything, I have done in the past and I think we are here to support people. The telephone number is in the office for safeguarding and CQC, but I would talk to the manager first and I think she would deal with it."

The ordering and storage of medicines had been reviewed and changes made to ensure prescribed medicines were available when needed. Nurses were responsible for ordering, checking, storing and giving out medicines. Medicine administration record (MAR) charts showed people's prescribed medicines, with the time they should be taken, a photograph of each person and any allergies. Those we looked at had been completed appropriately; although staff told us they had previously noticed errors, such as gaps, and agency staff had not always checked the stock levels to ensure medicines were available when needed. Due to the ongoing concerns with agency nurses the registered manager had introduced a checking system which looked at all aspects of medicine management and this had identified that a nurse had given out the wrong medicines to a person. They referred this to the local authority and informed the agency the nurse worked for. As a result of this incident the registered manager consequently requested a profile of each prospective agency nurses work experience and qualifications; to ensure they have the appropriate skills and knowledge to work at the home. In addition, a medicine competency assessment has been introduced. This showed that lessons were learnt when incidents occurred and action had been taken to prevent them happening again.

Risk assessments, to assess if people were able to look after their own medicines had been completed. One person told us, "They trust me to take my medicines" and, people said they had their prescribed medicines when they needed them. Medicines were stored safely in lockable trolleys and cupboards in dedicated rooms. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge and the room which housed it were monitored daily to ensure the medicines were safe to take. Where people were prescribed 'as required' medicines, such as paracetamol for pain relief, these were given when needed. The nurse said, "Most residents tell us if they need anything for pain and we can see when they are not feeling well, so we ask them if the need anything." We observed medicines being given out individually and the MAR was signed after they had been taken, in line with best practice guidelines.

People's individual needs had been assessed to reduce risk whilst enabling them to be as independent as possible. The assessments included mobility and risk of falls, continence, eating and drinking and waterlow to assess for the risk of pressure sores; with guidance for staff to follow to ensure risk was reduced as much as possible. People were supported to walk around the home using walking aids or were assisted to move around the home safely by staff; using wheelchairs or chairs adapted to their specific needs. This meant people could participate in activities, socialise and sit together at mealtimes, if they wanted to. One member of staff said, "We want them to have the best life they can, so we can reduce the risk as much as possible." A relative told us staff supported their family member to move around safely as they, "Had had a few falls, doesn't like the zimmer frame but staff remind her to use it."

Staff had an understanding of equality and diversity and were clear that people's needs were different, but they ensured people were treated equally and safe from harm. One member of staff told us, "We have a policy in place, but these are currently being changed for the new provider."

Accidents and incidents were recorded and staff were clear about what action they would take in the event of a person falling or an incident occurring. The registered manager said they reviewed and audited all incidents and accidents, to assess how they occurred and action was taken to prevent their reoccurrence. Staff said they reported any incidents to the nurse or manager and they were recorded. One member of staff told us, "We know which residents are at risk of falls and we check them regularly to reduce the risk."

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for new staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK and a

DBS check. Staff told us they had only been offered work at the home when they checks had been completed.

The home was well maintained and clean throughout with ongoing repairs and maintenance. Staff noted any repairs for maintenance person to address and these were dealt with promptly. Up to date health and safety documentation was in place to show checks had been completed such as emergency lighting, call bell testing, laundry and kitchen equipment, water safety through legionella tests and electrical testing for people's personal equipment. Gas and electrical certificates were in place and the lift, hoists and stand aids were maintained by external contractors. The fire alarm system was checked weekly and staff said they had completed fire safety training. Personal emergency evacuation plans (PEEPs) were available for each person; with details of the assistance people needed to leave the building if there was an emergency and, senior staff were on call at all times in case staff needed support or guidance.

Staff said they had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and, there were hand washing and sanitising facilities throughout the home. Staff used these to protect people from infection. Laundry facilities with appropriate equipment to clean soiled washing safely were available.

Good

Is the service effective?

Our findings

People said the staff were good and provided the care they needed and, relatives told us staff understood people's needs and, "Look after them well." People were supported to eat a healthy diet and said they enjoyed the meals. One person told us, "Food is very good, very nice and you can ask for something different." Staff said they had completed appropriate training and supervision supported them to keep up to date with their practice.

Staff had an understanding of MCA; the importance of enabling people to make decisions and they were confident that they supported people to make choices about all aspects of their lives. Staff said, "Residents decide how much support they need, like where they want to sit, if they want to do an activity and where they have their meals. It is really up to them as it should be." People and relatives said staff asked their permission before providing support.

The 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 people 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. We checked whether the provider was working within the principles of the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff said they understood when an application should be made and the process for doing this. The registered manager said DoLS applications had been sent to the local authority as they were needed, in particular for the locked front and rear door and, were based on people's individual needs.

Staff told us they attended all the training provided and were supported to develop their knowledge and skills, "So we understand everyone's needs and how to support them." People and relatives felt staff provided the support and care people needed. One person told us, "I've got problems with my waterworks and nurse sorts it out." Another person said, "They help me to keep my feet elevated." A relative told us their family member was, "Thriving, in a far better state than when he came in and they ask if you are alright with the care."

The registered manager said the training plan had been reviewed to link up with the new provider HC – One training programme. This was expected to go live on 29 June and staff would be able to access the e-learning available using the laptops provided at each of their services. Staff were 94.9% compliant with the training provided in November 2017. Staff said they were required to attend the training, they were reminded if they missed any and this was also discussed during supervision. Recent training had included

challenging behaviour and safeguarding and the registered manager had applied for training in dementia awareness and moving and handling. A member of staff said, "We do some training online, but others, like moving and handling we have a trainer come here, which means we have a better understanding of how we use our aids."

New staff completed induction training in line with current legislation. One new member of staff said they had three days in house training, including face to face moving and handling training. They then worked with more experienced staff for a week and half while their work was assessed. During the first 12 weeks of working at the home they were expected to work through the induction folder, in line with the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff were encouraged and supported to work towards health and social care qualifications. Six staff had completed a level 2 qualification in care; five level 3 and one member of staff was working towards this. One member of staff had level 4 and the registered manager had completed level 5 in leadership and management.

Staff said they had regular supervision. One member of staff told us it was, "One to one so that we can sit down and discuss our work and training and if we have any suggestions as well as being observed when working." Another member of staff, said, "There is lots of support from the management to make sure we are looking after residents." Yearly appraisals were also used to review staff practice and ensure they were aware of their roles and responsibilities. Staff also said the registered manager was available, "To talk to at any time, including on call."

Staff had an understanding of equality and diversity and were aware of the 'protected characteristics'; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. They said people's equality, diversity and human rights were protected and, "We are protected as well as workers."

People were supported to have enough to eat and drink. One person said, "The food is lovely, give you a choice and if you don't like it the chef will do best to fix you up something." Another person told us, "Every time carers come in my room they ask, "Do you want a drink"." The meals provided had been reviewed prior to the inspection and it was clear that the chef had a good understanding of people's preferences and dietary needs. They said fresh produce was used as much as possible. Specific diets were made when needed, including diabetic diets and staff provided assistance as required. Choices were offered for each meal and alternatives were available if people changed their minds. Staff encouraged people to eat their meals safely. One member of staff asked the person they were assisting, "Have you swallowed that, swallow that first", before they offered more food. Another member of staff asked a person, "How are you feeling, you look much better, it is important that you eat, I can get you an alternative", which they did. Records were kept of how much people ate and drank. A relative said, "They write in a book how much food and fluid she has taken." People were weighed monthly; more often if there were any concerns and staff contacted their GP for advice or referral to dieticians.

Staff contacted health and social care professionals as required and people were supported to be as healthy as possible. GPs visited the home regularly and referrals were made to health care professional as required. For example, the speech and language team if a person had difficulties with swallowing or at risk of choking. One person said, "I see the doctor regularly." The visits were recorded and each person's care plan was updated if their support needs changed. Staff said they were kept up to date with any changes through the handover meetings at the beginning of each shift. A relative told us, "The Parkinson nurse writes to let relatives know and I've been there when the GP has called." Chiropodist visited regularly and appointments

were arranged with opticians and dentists, when required.

The premises had been adapted and necessary equipment was available to support people to be independent and use the facilities safely. Environmental risk assessments had been completed to ensure corridors were clear and people could access all parts of the home and garden safely. People were encouraged to personalise their bedrooms with ornaments, pictures and furniture. One person told us, "Sue, the manager said, consider this is you room and home, you can do what you like and the maintenance man can put up your pictures."

Good

Is the service caring?

Our findings

Staff supported people in a caring and compassionate way. One person said, "The staff are very good, couldn't fault them." A relative told us their family member was, "Very happy here, staff are really good." Staff said they enjoyed providing the care and support people wanted. One member of staff said, "I think it had been difficult here, with the changes, but I like my job and enjoy giving people the care they want."

Staff approached people in such a way that they were involved in decisions about the care and support they received. Staff asked people if they needed assistance and choices were offered about all aspects of their day. Such as when they wanted to get up and where they preferred to sit and spend their time. Some people chose to remain in their rooms all of the time including meals; while others used the lounge to sit to socialise with people and staff and used the dining room for meals. One person said "It's my choice, I can go to the dining room" and, another person told us, "I choose to have my food in my room." One member of staff said, "This is their home so they decide what they do and where and, they can change their mind, like we do."

Conversations between people, staff and visitors were relaxed and friendly. Staff used people's preferred name and people said staff treated them with respect. People told us staff were polite and knocked on their door and asked if they could enter and, we saw staff doing this. One person told us, "They never come into my room without tapping on the door." Staff consistently said hello to people as they walked past and asked, "Are you ok? Do you need anything." People said they chatted to all the staff during the day, the care staff, housekeeping staff and management. One person told us, "Sue (registered manager) pops in every day to ask how I am." Another person said, "All the staff look after us and I have a good chat with the girls who clean my room."

Staff protected people's privacy and dignity as they offered support and assistance to maintain people's personal hygiene. One member of staff said, "Some people are independent and need little help. Although we always ask if they are ok and if they need anything. Other people need more support, but we involve them in making decisions about their care, we might talk to relatives and agree with them what is best." Doors were kept closed as staff assisted people and staff spoke quietly to people when they asked if they needed to use the facilities. One person told us, "Everything is kept very private, they shut the door."

A "Resident of the Day" had recently been introduced. The registered manager told us this included reviewing care plans and records, with the person concerned and/or their relatives; so that all aspects of the care and support provided was reviewed at the same time. Another member of staff said, "It is a bit more so that they feel it is their special day, only just started and they seem to enjoy it. Residents certainly know when it is their day."

People's equality and diversity was respected and staff offered support based on people's individual needs and preferences. Staff talked about people preferences; their lives before they moved into the home, their families and friends and their interests. One member of staff said, "They have all had interesting lives and some like to talk about them and some don't." Staff respected people's choices with regard to female or

male carers. One person said, "All the carers are good, I had a male carer but wasn't happy so lady carers and much better." Another person told us, "I don't mind they are all very good."

Relatives and friends could visit at any time and people were supported to maintain their personal relationships. One person said, "My relatives visit me quite often and everyone is very nice." Relatives said staff were always pleased to see them and made them feel very welcome. "We are offered a drink when we arrive." "Everyone is very friendly" and, "The manager and staff are always around if we have any questions." People chose to sit with their relatives in their room during their visits and staff assisted them to do this if needed.

Confidentiality procedures were in place and staff were clear that information about people was protected. Staff said records were kept secure in the office and clinical rooms. One member of staff told us, "Information about residents, like any information about us, is private and other people should not be able to find it." Another member of staff said. "If residents or relatives ask anything we can't tell them we ask the nurse or manager to talk to them, in private."

Requires Improvement

Is the service responsive?

Our findings

People said staff provided the care and support they needed and relatives told us staff kept them informed of any changes and involved them in discussion about their family members care needs. Staff said they involved people and relative, is appropriate, in discussions about all aspects of the care and support provided. One person told us, "Staff always ask me if I have everything I need and check that I am happy with the support. So good." A range of group and individual activities were available for people to participate in if they wished.

However, despite the positive comment there were areas that might affect the care and support provided and improvements were needed.

People and their relatives were encouraged to visit the home to look at the services provided and meet people and staff. Their expectations and needs were discussed and assessed, to ensure they could be met, before they were offered a place at the home. One person said, "My relatives had a look around and they liked this home and I am quite happy here."

The assessments had been used as the basis of the care plans, which the registered manager said would be reviewed and transferred to a new format. Care plans were personalised; they identified people's individual needs and there was guidance for staff to follow. However, we found some of the information in the care plans was not consistent and there were contradictory statements. For example, in one care plan it recorded that a person used a walking aid and needed supervision by staff as at high risk of falls; in the same care plan it also stated that the person was independently mobile. This person had been assessed as having full capacity, but in part of the care plan it stated they were able to make most decisions. The registered manager said with the changes in staffing the care plans may not have been consistently reviewed and may not contain up to date information about people's individual needs. Permanent care staff said they had read some of the care plans, but they were the responsibility of the nurses and they were not required to write in them. Reading the care plans was not included in the induction training for new care staff and one new member of care staff said they had not looked at them. This meant staff may not have an understanding of people's care and support need, their preferences and interests.

People's individual needs with regard to care and support were recorded in folders kept in people's rooms. These included food and fluid charts to ensure people had enough to eat and drink. Positioning charts to show that people did not remain in the same position if they were at risk of pressure damage and, the pressure mattress settings were checked daily so that they provided pressure relief based on people's weights. Daily records were also including in these folders, for staff to record how they had supported each person with their hygiene needs and if they had attended activities. We found gaps in these records, staff had not consistently filled them in, although nurses signed to state they had checked the records and they were appropriate. Staff said these had only recently been introduced and the registered manager said training was being planned in record keeping ensuring records reflected accurately the support and care provided. These issues were discussed with the registered manager who said they would be addressed as the transfer of records to the new provider was completed.

Staff said they had a handover at the beginning of each shift, to keep them up to date with changes in people's needs. "Like if they haven't slept well so might want to stay in bed longer." However, staff said handovers varied depending on the nurse in charge, with agency nurses providing limited information because, "They don't know the residents well enough." One member of staff said, "Communication is not always good, we don't always know what is happening, but we know the residents very well and know how to provide the care they need."

It had been acknowledge by the registered manager that improvements were needed with record keeping and had been included in the action plan.

Permanent care staff demonstrated a good understanding of people's individual needs and explained how they assisted them to made decisions about the care provided. For example, a person living with dementia liked to walk along the corridor and relax in an armchair positioned there, rather than their own room or the lounge. They used a walking aid and were at risk of falls, staff walked with them, chatting and asking where they wanted to go and sat with them or nearby as the person relaxed and dozed in the chair. Staff said they had got to know people very well and knew who was at risk of falls, when people were not feeling well and were clear they would do tell the nurse or manager if they were concerned. One member of staff told us, "I would let the nurse know immediately or the manager so that they can check and see if they need anything."

People said they had talked to staff about their needs and had been involved in writing their care plans; this was supported by their signatures or staff signatures on their prompting. One person told us, "They know me, I know them, I choose." Relatives told us they were also involved in decisions about the care their family members received, they had been asked for their opinions and were kept up to date with any changes. "To discuss what would be best for them." One relative said they had been to a review meeting and assessed the care. Another relative told us their family member, "Doesn't have to worry about anything he gets his glasses, his feet are looked at his hair cut; it's a peace of mind thing."

An activity coordinator arranged group and individual activities and external entertainers provided musical and exercise sessions regularly. Ret Pals therapy was also used to engage people and had recently brought chicks and lambs to the home. The activity coordinator spoke confidently about each person's preferences and how the programme had been planned to meet them. During the inspection an art and craft session was arranged with people doing different crafts, depending on their preferences, people were painting and while others watched and joined in the conversations. It was a very social occasion with people laughing, chatting and singing. One person said, "I like the activities, such as art." The coordinator spent time with people who preferred to remain in the rooms or may be less able to join in. They told us support in the form of hand massage was provided for people who were unable to communicate verbally, "I try to get a smile" and, another person had an interest in football, "So we have a good laugh about that." People said they used the garden when they weather was warm enough; this was also enjoyed by relatives and staff. Two relatives were involved in maintaining the garden; one person told us "I do gardening sometimes" and, there were raised beds if people wanted to do this. A relative said their family member, "Loved to get outside." We discussed with the registered manager the two comments we received that activities were not varied enough and may not stretch people's minds. They said they would raise this at the next residents meeting and also talk to people and get some feedback.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Most people at the home had capacity and could communicate their needs, although additional support was

provided when needed. For example, one person had limited eyesight; they did not use braille or any specific alternative communication method. However, staff knew her well and knew the best way to introduce a topic of conversation. Staff said if people had to attend appointments they would be with relatives or staff from the home, who would provide additional support as needed. The registered manager said training would be arranged to ensure all staff had a clear understanding of AIS.

We recommend that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff said they had attended end of life training and were aware that people living at the home were supported with palliative care. End of life care plans were in place for people who chose to record their wishes, these included do not resuscitate forms and, staff were mindful that people and relatives may prefer not to discuss this. Medicines were available if people's health needs changed quickly.

Technology was available within the home if people wanted to communicate externally to friends and family through the internet. Telephones were installed in people's rooms of they wanted them and staff enabled people to use the homes landline if relatives or friends contacted the home. Internally people called staff using the call bell system.

A complaints procedure was in place; it was displayed on the notice board and a copy had been given to people and their relatives when they moved into the home. This informed people and visitors who to contact if they had concerns or a complaint. This included details of senior staff within the organization and external bodies they could contact, if they were not satisfied with the outcome of the investigation of their complaint. People and relatives knew the procedures to make a complaint, they were confident they would be listened to and said things had changed straight away. Complaints were addressed within the timeframe of the complaints procedure or were referred to the local authority if it was felt they were safeguarding concerns. People's comments included, "I know Sue the manager and would speak to her." "If not pleased, tell Sue, she gets it done" and, "I have no complaints." Relatives said when they has raised concerns these had been addressed. One relative told us, "If I've got a problem she (registered manager) my first port of call." Another relative said, "If I say this happened it doesn't happen again." Staff said they try to resolve issues as they arise, such as not liking the food or the drink as alternatives can be offered. If they are unable to address the concerns these were passed on to the nurses or the registered manager.

Requires Improvement

Is the service well-led?

Our findings

People said the registered manager was approachable and, "Available to talk to at any time." Relatives were equally positive and said the home was well run despite their concerns with staffing. Staff said the recent changes had caused some difficulties, but they felt supported and said the registered manager's style of management was open and they could talk to them at any time.

The registered manager said there had been ongoing changes with processes within the home following the transition of the service to the new provider HC – One on 15 December 2017. The transition was ongoing at the time of the inspection and we were informed it had been completed on 29 June 2018.

At the time of the inspection the previously used quality assurance system, policies and procedures and record keeping systems had been archived, at the new provider's request. This meant staff had been working to introduce the new systems; start the provider's quality assurance and monitoring system; obtain access to new policies and procedures and transfer the information from the current care plans to the new format. Staff said these changes had been delayed as they had prioritised their time on providing appropriate care and support for people, at a time when they had insufficient experienced and qualified staff and relied on agency staff. This meant an effective quality assurance and monitoring system was not in place and policies and procedures for staff to support their practice were not available. The additional difficulty with the transfer was that staff were unable to use the online portal to access HC – One information. Since the inspection the registered manager has been able to access policies and procedures requested at the time and these have been sent to CQC.

An improvement plan was developed and sent to CQC after the inspection. This clearly showed that areas where improvements were needed had been identified and the actions to address these were listed with dates when these were to be completed. These included the ongoing recruitment of staff and staff management, with staff and residents meetings to be arranged to ensure all are fully involved in decisions and are aware of any planned changes. Care plans, medication, staff training, health and safety and environmental risk assessments; catering, food and fluids and weight loss; property maintenance and housekeeping were all included in the improvement plan. The plan was produced in line with the HC – One's system of decision making and with the involvement of managing and area directors from the company.

The registered manager was open and transparent about the areas where improvements were needed to ensure the quality assurance system was effective and, these would take some time to introduce and also embed into practice.

Audits that had continued during the transition including accident and incidents and complaints and, there were clear records for maintenance checks.

People and relatives were aware of the transfer of the service to HC – One as well as the concerns about staffing. One person said, "Yes we know what is going on, Sue doesn't hide anything so I am confident it well get sorted out." The registered manager said they spoke to people daily as they walked around the home

and relatives whenever they visited, and contacted them if there were any concerns. Relatives were positive about the management of the services, despite the changes in recent months and felt involved because they were kept up to date. People and relatives had previously attended meetings, where they could raise issues and put forward suggestions and satisfaction questionnaire had also been used to obtain feedback. Resident's and relatives meetings were included in the improvement plan to ensure they were involved in working together to drive improvements in the home.

The registered manager and heads of departments met daily at 10am to discuss issues or any changes and how these were to be addressed. These were recorded on a handover sheet with the names of the staff responsible to be filled in and completed when they had been addressed. We joined them at one of these meetings and observed that they talked openly about any issues and clearly worked together to ensure they were dealt with.

Staff meeting's had taken place regularly, for day and night staff, to inform them of the changes and enable them to provide feedback and suggestions for improvements. From the most recent minutes we saw staff were told when a quality audit from HC – One would take place and that they auditor may want to talk to staff. There had been a discussion over the use of agency staff and their individual roles and responsibilities. Staff said they were supported by management to be involved in talking about the services provided, how these could be improved and their comments were listened to.

The provider had notified CQC of all significant events which had occurred in line with their legal obligations. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager said they kept people informed about everything that happened at Haven Care Home as, "It is their home and we are here to enable them to have the lives they want." This was supported by the positive comments from people and relatives about the management of the service.

The General Data Protection Regulation (GDPR) came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff were not clear about what this meant, although some had heard about it. The registered manager said training would be provided and expected support from HC – One would ensure appropriate changes would be introduced.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured there were sufficient staff with the right skills and expertise to provide safe care and treatment for people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that people were safeguarded from unsafe care and treatment.