

Haven247 Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haven 247 is a domiciliary care agency looking after people in their own homes. At the time of the inspection the service supported four people with their personal care. 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

Recruitment checks were not always robust as the provider had not carried out checks of staff members previous work history and experience. Staff were not supported through regular supervisions. People's end of life care wishes were not recorded in their care files. The providers electronic call monitoring system was not effective. The provider's quality monitoring systems were not effective. Internal audits did not always identify the issues we found at this inspection.

People said they felt safe and that their needs were met. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs. Medicines were safely managed.

Staff were supported through induction and training. Staff had the skills, knowledge and experience to support people appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a healthy and well-balanced diet if required. People had access to healthcare services when required to maintain good health and their independence was promoted.

People and their relatives (where appropriate) had been consulted but their care and support needs. There was an effective complaints system to manage people concerns in a timely manner. The provider worked in partnership with the local authority to ensure people's individual needs were planned.

Rating at last inspection and update

This service was registered with us on 8 September 2018 and this was the first inspection.

Why we inspected

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

Enforcement

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in

relation to good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haven247 Healthcare Limited

Detailed findings

Background to this inspection

The 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.

Inspection team

One inspector carried out this inspection with 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

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

This inspection site visit took place on 27 September 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us 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 one person and one relative to seek their views about the service. We also spoke with two care staff and the registered manager. We reviewed records, including the care records of four people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

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 for this newly registered service. At this inspection this key question was rated Requires Improvement. This meant people were not safe and protected from avoidable harm.

Staffing and recruitment

- Robust recruitment checks did not always take place before staff started work. We saw that only three out of four staff files contained application forms. However, employment histories were not always completed in full, the provider had not established gaps in employment and reasons for leaving employment had not always been explored and recorded within the staff files. Qualifications were not always listed, so the provider could not be assured that staff had the correct skills required to carry out their roles competently.

Failure to carry out robust recruitment checks is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
- There were sufficient numbers of staff deployed to meet people's needs. Staff told us there were enough staff to support people's needs. People told us that staff generally attended calls at the scheduled times.
- When staff knew they were going to be late they were expected to call the office and office staff would inform the person they were due to support.
- The provider told us there had been no missed calls and the electronic monitoring service confirmed this. However, there were times when staff were late attending calls and reasons why had not been logged. We have reported on this under the Well-Led section of this report.

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

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.
- People told us they felt safe. One person said, "I am in safe hands, staff are very responsive." A relative said, "My [relative] feels safe, they know the staff and sees the same faces."

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, risk assessments were carried out for moving and handling, medicines, environment, falls and fire safety. These identified the potential risks to each person and detailed the measures in place to manage and minimise these risks. For example, one person used a hoist to mobilise. There was a risk management plan in place that guided staff on how to safely mobilise the person and how to minimise potential risks.

Using medicines safely

- Medicines were managed safely. Medicine Administration Records were legible and completed in full.

- Staff had completed medicines training to ensure they had the knowledge and skills to support people safely. People told us they received the support they needed to take their medicines.
- Medicine audits carried out in July, August and September 2019 identified that there were no shortfalls

Learning lessons when things go wrong

- There were no accidents and incidents recorded since the service was registered. However, the registered manager told us if there were they would be logged, investigated in line with the provider's policy and learning would be disseminated in staff meetings.

Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection including policies and procedures which provided staff with guidance on how to minimise or prevent the spread of infections.
- Staff had completed infection control training and followed safe infection control practices by wearing aprons and gloves when supporting people. One staff member said, "I always wear gloves and aprons and wash my hands properly."

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. At this inspection this key question was rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not have a supervision policy in place and staff were not supported through regular supervision. One staff member said, "I haven't had one yet." However, staff told us that they did feel supported by the provider and they had an open-door policy and staff could speak to them at any time.
- Following the inspection, the provider sent us documentation to show that supervisions had commenced with staff members and that they would put a supervision policy in place and carry out staff supervisions immediately. We will check this at our next inspection.
- People told us staff had the skills and knowledge to support them with their individual needs. One relative said, "We have never had any worries about staff skills - they all seem well trained."
- Training records confirmed that staff had completed training considered mandatory by the provider which included safeguarding, medicines, equality and diversity, moving and handling, fire safety, nutrition, basic life support, mental capacity and Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager told us people's needs were assessed prior to them joining the service so they could ensure they would be able to meet people's care and support needs.
- These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's needs effectively.

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 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.

- The registered manager told us people they currently supported had capacity to make decisions about

their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken appropriate decisions made in their best interests' in line with the Mental Capacity Act 2005.

- Staff had received training on MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One person said, "Staff always ask for consent."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. The support they required from staff with eating and drinking was recorded in their care files.

- Staff supported people by heating up microwave meals and preparing drinks and sandwiches. One staff member said, "I help people with heating up microwave meals and making drinks."

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare services and professionals which included GPs, district nurses and occupational therapists should they need it.

- People and their relatives usually arranged and attended healthcare appointments independently.

However, the registered manager told us they would provide this support if required. One relative said, "If staff think my [relative] is not well they either contact the GP or let family know."

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 supported by staff that were kind, caring and treated them with dignity and respect. One relative said, "My relative does get low, and I've seen the carers hold her hands and put their arms around them".
- Care records included people's personal information relating to their disability, religion and sexual orientation.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- At the time of the inspection there was no-one using the service who required support with a diverse need, however, staff showed an understanding of equality and diversity and how they would support people from different backgrounds should the need arise.

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

- People were involved in making decisions about their daily support. For example, they chose what they wanted to wear and the time they wanted to go to bed. One staff member said, "The [person] and I go through their closet every morning and they choose what they want to wear."
- People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people should expect and of the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity by knocking on doors and waiting for permission before entering. One staff member said, "I cover people with a towel and shut doors."
- People were supported to be as independent as possible. For example, people were encouraged to keep mobile if possible.
- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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. At this inspection this key question was rated Requires Improvement. This meant people's needs were not always met.

End of life care and support

- People's care plans did not have their end of life wishes and preferences documented in their care plans. However, no one at the service currently received end of life care. The registered manager told us, that going forward they would ensure people's end of life wishes were documented and where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met. We will check this at our next inspection.

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

- People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
- Care files included individual care plans addressing a range of needs such as medicines, mobility, environment, communication, nutrition and moving and handling.
- Care plans were regularly reviewed and updated if there was a change in people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. The registered manager told us there was no-one who needed information in another format. However, if required information would be provided in a format that met people's needs, this included large font or pictorials.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints effectively, however the service had not received any complaints since it registered.
- Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response. One person said, "I've got no complaints."

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. At this inspection this key question was rated Requires Improvement. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider operated an electronic call monitoring system (ECM) that alerted office staff if there was a late or missed call. However, the provider was not using it to monitor visits to people homes to ensure staff attended at the correct times. This included when they were running late then following this up effectively with people using the service and staff to address why calls were carried out late.
- We looked at the ECM system from 15 September to 27 September and although we saw that there were no missed calls we saw that there were some late calls and reasons for this had not been recorded on the ECM system. For example, on 20 September 2019, we saw one person had a care call scheduled for an hour at 10pm. However, staff attended the person's home 77 minutes late. There were no notes recorded on the ECM system at the time as to why the care call was late. This meant that people were not receiving the care calls at their preferred times and they were waiting for long periods of time between care calls to have their care needs met.
- Following the inspection, the registered manager told us that this person had a joint call with their spouse and the spouse's call had been recorded as attending at time. However, they understood as these couple were two different clients and that the time their care call is attended should be recorded separately and they would ensure this would be done going forward.
 - The registered manager also said that sometimes the ECM registered late calls as staff had trouble with the internet whilst logging into ECM, but this was also not recorded on the system.
- The provider told us that people were supported by staff that lived local to the area. We saw that travel time was included and planned in between calls to ensure staff had enough time to travel between calls without being late.
- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
- There was no supervision in place and staff were not supported by having supervisions. The registered manager confirmed that they had not carried out supervisions. Also, staff file audits did not identify that application forms were not completed in full regarding employment and qualification histories.
- Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. These included call monitoring, care plans and medicines and staff files. However, these were not effective. For example, call monitoring audits did not identify that staff were not recording the reasons they were late for calls on the ECM system.

Failure to assess, monitor and improve the quality and safety of the service people received is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were positive about the provider. One person said, "The manager who runs the agency is brilliant."
- The manager had a good understanding of when and who to report concerns to. They demonstrated that any incidents would be recorded in detail and relevant professionals informed when required such as the local authority and CQC.
- Staff told us that the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss. One staff member said, "The manager is very good, very hands on and is always there."

Engaging and involving people using the service, the public and staff

- The registered manager told us that as it was coming to the one-year anniversary since the service had been running, they would shortly be sending out annual surveys for feedback from people.
- Staff attended regular team meetings. Minutes from the last meeting in 1 September 2019 showed areas discussed included people they supported, infection control, daily notes sheets and safeguarding. One staff member said, "I go to staff meetings, I can meet team members and get updates about the organisation."

Working in partnership with others

- The service worked in partnership with the local authority that commissioned the service to provide effective joined up care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)