



Inspection Report on

Haven House Residential Care Home

**2 Pentre Street
Cardiff
CF11 6QX**

Date Inspection Completed

18 March 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Haven House Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	CRS CARE LIMITED
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

This inspection was completed to test compliance and progress made in the areas of non-compliance identified at the last inspection on 16 August 21, and was unannounced. Isman Essa is the Responsible Individual (RI) who has overall accountability for the service, and there is a manager who is registered with Social Care Wales (SCW) and oversees the day-to-day running of the home. We found that sufficient improvement had been made to meet the required level of compliance.

People receive support that promotes their health. Staff assess the needs of individuals and identify risks to their safety and well-being.

Staff are respectful, well trained and understand the needs of people they care for. Care documentation is personalised and evidences good engagement with external professionals.

People live in a warm, clean and safe environment. They have access to good standard of food and have choice and control in their day- to -day lives.

The provider has made the necessary improvements to governance and oversight of the service since the last inspection. Policies relating to admissions and the homes Statement of Purpose have been updated. Regular meetings are held with the management team evidencing communication about the day-to-day running of the home. Oversight of safeguarding incidents and notifiable events via regulation 60 have improved.

Well-being

People are involved in pre-admission assessments and personal plan development. People receive a written guide to the service and the statement of purpose document clearly sets out what support the service provides. Compatibility with other residents is considered at assessment. Providing opportunities for visits and trial periods for potential residents would be beneficial and ensure that people are suitable for the home prior to moving in.

People have choice around their activities, what they eat and when they go to bed. They meet regularly with staff and have opportunities to say how they would like their care provided. Personal plans are easy to understand and identify the specific needs of people. There is an independent advocate linked to the service who supports those residents who require assistance with decision-making. People we spoke with are positive about the home and feel they have choice and control. We saw people coming and going as they pleased and using areas of the home as they chose.

People receive support that promotes their health. Staff assess the needs of individuals and identify risks to their safety and well-being. They make referrals to other healthcare professionals as required. People have a good choice of meals and drinks to suit their nutritional needs and preferences. A chef at the home provides a wide range of home cooked good quality food. A number of residents also take part in meal preparation and cooking lessons. The kitchen is accessible for people to prepare their own snacks and drinks if they wish.

The service has procedures and measures in place to keep people safe. Staff know their responsibilities in recognising and reporting safeguarding concerns. Training for staff around protecting people is up to date. Staff are recruited safely with necessary checks in place. People tell us they feel safe at the home and trust the people who look after them. Retention of staff is good within the service. The home is not using any agency staff.

The environment promotes people's well-being. People have their own rooms, which are personalised, as they require. There are enough bathrooms and communal spaces for residents. The environment is clean and homely. People have access to outside space and can easily access the local community and city centre from the homes location .

Care and Support

People have autonomy in their day-to-day lives, choose the way they want their care provided, and do things they enjoy. They are able to tell staff how they want to be supported. Regular resident meetings are held and there are suggestion boxes in the home for people to suggest improvements. The RI is also at the home regularly and works closely with residents. People are supported to pursue interests and hobbies of their choice. Staff are available to assist people with accessing the local community. Individuals tell us they can choose when they want to go to bed and what they want to eat. Care staff engage with people in a warm and friendly manner, enabling them to express their opinions.

Care records are detailed and personalised. They contain up to date information about people's needs and how their care and support needs are to be met by care staff. Care workers we spoke with demonstrated a good knowledge of people; including what and who are important to them. Care plan reviews take place, and people are involved. People decide where to spend their time, whether it be in their bedroom, out in community or enjoy socialising together. The home uses hand held devices so that care staff can record information about people throughout the day. This enables staff to be responsive to people's needs quickly and gives a clear narrative of how people are on a day-to-day basis.

Staff rotas confirm there is sufficient care workers allocated to support people. Care workers are respectful and show warmth, kindness and understanding. We found the atmosphere in the home to be calm and people were relaxed and comfortable. Positive relationships between staff and people were evidenced. Staff retention is good in the service; Consistency in a staff team supports people to develop positive relationships with their care workers.

Environment

We did not consider this theme in depth during this focused inspection. We did however note the environment promotes people's well-being. The home is well maintained and suitable for the needs of people living there. The home is comfortable, clean and tidy. There is a dining area and two lounge areas for residents' use and people's bedrooms are decorated in accordance with their preference. There is good access to community services and local parks. The home is secure and visitors are asked to sign the visitor's book as part of the home's security measures. There is CCTV (Closed Circuit Television) in place covering the outside of the building. People have access to a garden area for recreation and smoking.

Leadership and Management

People have opportunities to express their views and to make complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. There were no complaints at the time of inspection. Staff place a suggestion box in the lounge for residents to share any ideas they have about the day-to-day running of the service. They also arrange regular residents' meetings where they record people's views and wishes. People we spoke with told us they have regular contact with care managers or advocates. They also told us they could speak to staff if they had a problem. The RI has recently updated the service's statement of purpose. This important document keeps people informed about the support provided, the facilities available, staffing levels and structure, and the aims and objectives of the service.

The provider takes appropriate steps to safeguard people from neglect and abuse. Care records clearly state any risks to people's well-being and detailed risk management plans help to keep people healthy, safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager or RI, but would also contact external agencies such as the local safeguarding office or CIW if they thought they needed to. Since last inspection, oversight of safeguarding instances has improved and the provider has oversight of all potential safeguarding and incidents. CIW is now informed of all incidents as stipulated in regulation 60.

At the last inspection in August 2021, it was noted there needed to be improved governance arrangements in place and the provider needs to be open and honest with key stakeholders and the regulator. This was because at inspection it was identified that a fourteenth person had been admitted to the home, when the home's legal registration is only for thirteen. The provider had failed to inform the placing authority or the regulator of admitting an extra person. The provider has taken steps to ensure that oversight of admissions is more robust. The admissions policy has been updated and regular senior manager meetings are held at the service where daily running of service and admissions are discussed and recorded.

The RI prepared a quality of care report for the service in February 2022, which identifies the improvements made and partially evaluates the quality of care. This report needs to be further strengthened to ensure analysis of information is reflected upon, to identify patterns and trends and appropriate action is taken, if needed. The quality of care report would be further strengthened by including the feedback of residents and staff and analysis of this information. Setting out direction for the service in the coming months would also be beneficial. The RI carries out 3 monthly visits at the service again this could be strengthened by including more individual feedback from residents instead of generalised views. Sampling of documentation and audits of policies and oversight of safeguarding, medication, incidents, complaints should also be included.

Safe recruitment practices are in place. Staff are supported in their roles and undertake regular training. At the start of employment all staff complete the provider's induction programme which, alongside mandatory and other training courses, provides them with the knowledge and skills necessary to meet the needs of people accommodated at the service. Each member of staff has achieved or is working towards a national qualification in health and social care. Staff are registered with Social Care Wales. Staff personnel files contain all the necessary recruitment information and most staff are up to date with their mandatory training. Staff receive regular one-to-one formal supervision sessions with their line managers, which provides them with opportunities to discuss their performance, concerns and any training required

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
13	The service provider must act in an open and transparent way	Achieved
6	The service provider must ensure the service is run with care competency and skill in regard to the statement of purpose.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
7	The service provider must keep the statement of purpose under review.	Achieved
60	The service provider must notify the regulator (CIW) of any events specified in schedule 3 in relation to Regulation 60.	Achieved

Date Published 29/04/2022