

# Inspection Report on

Haven House Residential Care Home

2 Pentre Street Cardiff CF11 6QX

## **Date Inspection Completed**

19/05/2023

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## About Haven House Residential Care Home

| Type of care provided   | Care Home Service<br>Adults Without Nursing  |
|---|--|
| Registered Provider   | CRS CARE LIMITED   |
| Registered places   | 13   |
| Language of the service                                       | English  |
| Previous Care Inspectorate Wales inspection                   | 10/03/2022   |
| Does this service provide the Welsh<br>Language active offer? | This service does not provide an 'Active Offer' of the<br>Welsh language and does not demonstrate a<br>significant effort to promoting the use of the Welsh<br>language and culture. |

## Summary

People are happy with the care and support they receive from well-trained and consistent care staff they know well. Care staff have good knowledge on how to manage and raise concerns. People have control over their lives and make their own choices. People can come and go as they please and do activities that are important to them. Care staff and managers support people to be as independent as possible. People live in a clean home that best supports their needs. People can feedback their experience with the service. The manager is visible within the service, knows people well and has good oversight. The Responsible Individual (RI) completes visits to the service to monitor quality. There are some records such as personal plans and quality assurance documents which could be strengthened by adding more detail.

## Well-being

People have control over their day to day lives. We saw some people access the community independently as and when they choose. People move freely throughout the home. Care staff organise meaningful activities for people. We saw that care staff talk to people with dignity and respect. People's voices are heard and we saw a range of methods in place to enable people to share their views. Feedback shows people feel safe and happy at the service.

People's individual circumstances are considered. Care staff receive training which is reflective of people's needs and levels of support required. Care staff know people well and are responsive to people's needs. The manager ensures that relevant agencies are notified of important matters relating to peoples care and support. People are supported to maintain their health and well-being and receive support from external professionals regarding their health.

People feel safe and can openly talk to care staff and the manager. Regular opportunities are provided so people can share any concerns they may have. Accidents and incidents are logged and the manager has oversight of these. Care staff are appropriately vetted prior to starting employment at the service. Care staff are well trained and understand safeguarding procedures and reporting methods. People and care staff feel confident raising any concerns with the manager. We saw the manager liaises with the relevant agencies regarding safeguarding when required. There are policies and procedures in place which inform people how to raise a concern.

People are encouraged to be a part of their community and we saw people accessing the community freely. We were told people enjoy going to the café and some people enjoy activities such as shooting and music as well as spending time in their rooms. People are supported to be as independent as they choose. People live in a home that best suits their needs with appropriate and safe equipment readily available to them.

## **Care and Support**

Personal plans in place include important information about the person and consider most risks. Plans are person centred and are under regular review. People can share their views and feedback regarding the service in resident meetings, feedback surveys as well as speaking directly with the manager and the RI. However, we saw no evidence to show people are involved in the reviews of their care. The manager actioned this immediately.

Care staff talk to people with dignity and respect. Daily records show that care staff are responsive to people's needs and we saw this on the day of inspection. Daily records could be improved to consistently include the person's emotional state. People's personal wishes are listened to and facilitated wherever possible. We saw people coming and going as they please and enjoying activities that matter to them. We saw some people enjoy spending time in their room and some enjoy socialising with staff and other residents. Some people go out to the café, the shop and activities such as shooting and music lessons. People are promoted to be as independent as possible in accordance with their needs.

Care staff checked our identification on arrival at the service to ensure the visit was safe. A detailed safeguarding policy is in place and provides clear information regarding abuse and what to do. This enables care staff and people to understand what steps they need to take in the event of a concern regarding abuse. Accidents and incidents are logged and the manager has regular oversight of this. Care staff go through a robust recruitment process to ensure they are appropriately vetted prior to working with vulnerable people, this includes a Disclosure and Barring service check. Well trained care staff understand how to report concerns to their manager and are aware of external agencies. These measures ensure that care staff understand how to recognise and report any signs of abuse.

People are supported to maintain their health through appointments with professionals such as their dentist, optician, and GP. Medication is given to the right person at the right time and is safely stored. We saw that people can access a kitchen and make snacks and drinks if they choose. The kitchen was extremely clean and well organised on the day of inspection and there are different options available to people. People live in home which supports their needs. Most people's rooms have personal items within such as photographs. However, we noted that all the bedrooms are quite similar in their décor and suggested to the provider that more personalisation for the individual may provide a greater sense of belonging. The manager told us there are plans to have some rooms decorated on request of the individual. People appear happy and content in their personal rooms as well as the rest of the home. We saw there is equipment available to support people such as wheelchairs, Zimmer frames and a stair lift. We saw that some equipment was not appropriately stored making this a possible trip hazard. The manager actioned this immediately and we were informed that a new storage facility was being developed. The home is clean and shower rooms include specialist equipment required such as shower chairs.

The manager and RI conduct regular checks on the environment, however we noted that there is a rip to the flooring in one of the lounges. The RI has confirmed that action is being taken to rectify this.

The service ensures that the premises complies with health and safety legislation and guidance. We saw that fire safety systems are monitored such as weekly fire alarm testing and servicing of fire extinguishers. People have a Personal Emergency Evacuation Plan (PEEP) in place and individual risk assessments. These documents ensure that care staff understand how to minimise risk and how to safely evacuate people. General health and safety checks are completed by professionals in relation to moving and handling equipment, gas, and electrics. People have access to a rear garden and the local park. Local amenities and the city centre are within walking distance, and we saw people access these independently.

## Leadership and Management

The manager is familiar to people and care staff. We saw care staff and people approach the manager confidently. The manager completes regular audits of the service in relation to medication, records and training. These audits could be strengthened by identifying any patterns and trends and details on any action required. An analysis of people's feedback is completed and this shows people feel safe, can approach staff, enjoy the food and have activities available to them. This document shows that people and their loved ones are very happy with the service they receive. The RI completes regular visits to the home and speaks directly with care staff and people. A Quality of care review is completed and this considers matters such as the environment, health and safety and people's views. This document could be strengthened to include an analysis of this information and any improvements required for the service to improve.

Consistent care staff mean that people know staff well and feel confident raising any issues with them. Care staff go through a robust recruitment process and are all up to date with their training. Specific training is also offered which reflects the needs of people living at the home. Staffing levels are consistent and meet the needs of people using the service. Additional staff are also used to ensure people who require support into the community have the option to. Staff and managers have supported people to take control of their lives and live as independently as possible according to their personal choices. The service needs to ensure that personal plans reflect people's distinctive needs.

Care staff told us they are happy at the service and enjoy working there. We saw a staff appreciation board where care staff thanked each other for their support and for organising meaningful activities for the people they support. Care staff receive regular supervision and annual appraisal. Staff meetings enable the provider to share important information as well as an opportunity for staff to raise any issues regarding the service. Care staff told us they could go to the manager and share any issues and said that the manager is approachable and supportive. Care staff told us in the absence of the manager they can always contact them by phone if there is a concern or emergency. However, there is always a senior staff member on shift who can provide leadership and managerial support.

| 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    |

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 | N/A |
|-----|---|-----|
|     | inspection  |     |

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## Date Published 30/06/2023

| Summary of Non-Compliance |   |  |
|---------------------------|---|--|
| Status                    | What each means   |  |
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