



## Inspection Report on

**The Haven**

**The Haven  
2a  
High Street  
Llanelli  
SA15 2RE**

## **Date Inspection Completed**

13/06/2024

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## About The Haven

|   |  |
|---|--|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing  |
| Registered Provider                                   | TL Care Homes Limited Liability Partnership  |
| Registered places                                     | 28   |
| Language of the service                               | English  |
| Previous Care Inspectorate Wales inspection           | <a href="#">[Manual Insert]</a> 13 June 2023   |
| Does this service promote Welsh language and culture? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

### Summary

People are happy living at The Haven. They receive care and support from experienced and considerate staff. The manager and Responsible Individual (RI) are supportive and approachable and respond to any issues raised by staff, people and their representatives. The home appears dated and would benefit from redecorating and some refurbishing. Some minor improvements are currently being undertaken inside with plans to paint outside during the summer. Cleanliness has improved since the previous inspection.

The RI visits the service regularly and supports the manager. However the RI's oversight of the service requires improvement. Systems to review, analyse and monitor the quality of care provided require strengthening. Personal plans and daily records of care and support provided also require improving.

## Well-being

People are respected and we saw relaxed and natural interactions between people and staff who they know well. Many staff members have been at the service for several years providing consistency and assurance to people. They are able to anticipate the needs of individuals who are not able to verbally express themselves. People who are new to the service are warmly welcomed and encouraged to belong and feel at home. One person who has recently moved to the service told us, *“The bottom line is I couldn’t ask for more. it’s a fantastic home, a nice atmosphere”*. They also told us how care staff had listened to their views and wishes and arranged for them to have a bowl of fresh fruit in their room.

Meals are prepared with fresh ingredients and people can choose an alternative if they do not want what is on the menu. We saw some people socially enjoying their lunch in the dining room whilst others preferred to eat in their rooms. One person said, *“The food is excellent”* and another said, *“They look after my belly”*. Care staff promote positive dining experiences and we saw two people who speak Welsh sitting next to each other chatting whilst eating their lunch. Care staff attentively provide support to people who are unable to eat independently.

Visitors are always welcome and the importance of maintaining relationships with family and friends is acknowledged. There are several communal areas where people can relax with their visitors, or they can stay in their rooms if they prefer more privacy. People choose to do the things that make them happy. Some enjoy spending time in their room watching tv, reading or doing puzzles on their own, whilst others prefer company and a chat in the communal areas. A hairdresser comes to the setting once a week and people are able to have their hair how they want it. There are some organised activities and occasionally a singer attends the setting. One person said, *“They have entertainers, but not often enough, it can get boring here”*. Other people are satisfied that there is enough to do.

People are protected from harm. Staff are safely recruited and receive training in the safeguarding of adults. They are aware of their responsibilities and the process to report any concerns and are confident the manager will act upon any concerns raised. The building is secure and visitors rely on staff to access the setting after their identity has been checked.

## Care and Support

People and their representatives are happy with the care they receive at The Haven. Some told us they had chosen the setting following recommendations from friends and family. One person told us, *“The girls here are brilliant, they deserve a pay rise”* and another person said, *“I’m 100% happy here”*.

Personal plans are detailed and provide people’s preferences on how they would like their care and support provided and expectations of what staff will support them with. A ‘This is me’ section gives care staff details on people’s life history enabling them to engage and reminisce about their past experiences. Family members are asked to assist with this information if the individual is unable to provide it. Personal plans do not always include the person’s wishes for end of life care. The manager agreed to ensure this is discussed with people and their families and to clearly record it going forward.

Reviews of care and support needs are undertaken regularly to ensure plans remain up to date. However we found the information is not consistently updated and care staff do not always have access to current care and support needs. Daily records of the care and support provided are very brief, lack detail and are repetitive. We therefore cannot be sure if people are receiving the care and support they have been assessed as requiring. Monitoring charts also lack detail and are not consistently kept up to date. Whilst this is not currently impacting on people, it is an area for improvement and we expect the provider to take action to address these matters and will follow it up at the next inspection.

Overall medication is stored safely and the correct dose is administered at the required time however we found some areas that require attention. The medication trolley is not always secured appropriately when not in use. The manager agreed to monitor this. PRN medication, that is medication taken as and when needed, is administered appropriately however the effects are not routinely recorded. The manager agreed to ensure this is done to promote good practice and adhere to the medication policy. Medication Administering Records (MAR) charts do not always correspond to personal plans. We also found some gaps in signatures for administering controlled drugs whereby only one signature was recorded. Whilst these issues are not currently impacting on people, it is an area for improvement and we expect the provider to take action to address these matters and will follow it up at the next inspection.

## Environment

The Haven provides a homely environment for people. The décor would benefit from updating and some work has begun. An area has been wallpapered and there are plans to

continue decorating throughout the home as finances allow. There are plans to paint the outside of the building over the summer months and continue with inside during the Winter. Some family members we spoke with acknowledge that re decorating is required but do not view it as a priority and feel that it does not impact on people's wellbeing. Some areas requiring attention could be improved without any additional finances and would improve the general presentation of the home. For example, some bedroom doors had marks where signs had been removed and this could quickly be resolved. Overall, we found the environment clean and hygienic. This was an area for improvement at the previous inspection and has now been resolved.

People have personalised their bedrooms and have their own items of choice on display. Some of the bedrooms would benefit from redecorating. There are several communal areas where people can spend their time and a safe outside area. A sufficient number of bathrooms are available for people to use. There is a dining room however several people prefer to eat in their rooms or the communal lounge.

During the inspection we saw evidence of servicing of equipment such as fire fighting and moving and handling equipment. Regular checks and audits are also undertaken of call bells, pressure relieving equipment and water temperatures. People are risk assessed and have a personal emergency evacuation plan (PEEP) in place to refer to in the event of an emergency.

## Leadership and Management

Overall people and staff speak positively of the manager and RI. Staff told us they feel supported by the RI, manager and deputy and they are all approachable. One staff member said, “*Any issues raised gets sorted straight away, [the manager] is always at the end of the phone and is here straight away if there is an emergency*”. The manager feels supported by the RI who visits regularly and is easily contactable to discuss any issues. The manager would benefit from more formal, 1-1 supervision in addition to this. Care staff receive regular supervision sessions with the manager which provides an opportunity to identify areas of strength and any areas for additional training or development.

Records relating to training and development show the service is mostly compliant with its training requirements. Staff personal files require some attention as they contain a large amount of historic information on employees who have worked for the service for many years. Recruitment systems are effective and the necessary checks are undertaken prior to commencement of employment, such as appropriate references, identity and Disclosure and Barring Service (DBS) checks. More information on past employment details is required and the manager has agreed to address this.

There are opportunities for people and their representatives to verbally express their views and wishes however feedback is not routinely sought from people and stakeholders. There is no evidence to show the RI has systems in place to monitor, review and improve the quality of care and support provided by the service. Improvements would ensure the RI has effective oversight of the management, quality, safety and effectiveness of the service. Whilst this is not currently impacting on people, it is an area for improvement and we expect the provider to take action to address these matters and will follow it up at the next inspection.

We looked at several key policies and found them to be up to date and relevant. The Statement of Purpose/Service User guide provides an accurate account of the service offered with pertinent information for people and their representatives and contact details for the provider and manager. People told us they know who to contact if they have any concerns. The staff are aware of their responsibilities if they have any safeguarding concerns and one staff member said, “*I’d go straight to the safeguarding team if I felt the manager wasn’t doing anything, but I know she would*”.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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 |
|------------|---------|--------|
|------------|---------|--------|



|    |  |              |
|----|--|--------------|
| 15 | At the time of the inspection, care staff did not have access to individual's most recent and up to date personal plan. We therefore cannot be sure that people are receiving the correct support as identified in their assessment and review of their personal plans and according to their needs and preferences.   | New          |
| 58 | At the time of the inspection we found that the effect of PRN medication being administered is not being recorded. This means there is no record of whether or not it has been effective and therefore vital information is missed when reviews are held. The manager advised that they undertake audits of the MARS however we found only one signature on occasion when administering controlled drugs - only the manager's signature was present.   | New          |
| 74 | Previous inspection - The Responsible Individual is unable to make available his quarterly regulation 73 reports at the moment due to technical issues with his laptop. Current inspection - The RI remains unable to evidence details of his quarterly reg 73 visits. The manager tells us that the RI does visit regularly (once a week) however there are no details of these visits available to evidence that the RI is speaking with staff and people living at the service to monitor the quality of care being provided. There is currently no system in place to provide evidence that visits are logged and documented. We discussed this and the RI will ensure that this is prioritised. | Not Achieved |
| 36 | Not all staff are receiving regular one to one supervision sessions on a quarterly basis and Annual Appraisals in line with statutory guidance. The manager and staff spoken with were unable to tell us when staff last had supervision and appraisals. Staff told us it was with the previous manager. Staff are required to have one to one supervision sessions  | Achieved     |
| 44 | The provider has not been undertaking thorough audits and inspections of the building and it's contents to ensure it is free from hazards to the health and safety of individuals who may be at risk. Regular and thorough inspections of the property and it's fittings would ensure that any risks are identified and addressed in a timely manner ensuring the environment is maintained to a safe  | Achieved     |

|  |   |  |
|--|---|--|
|  | and suitable standard thus promoting people's general health and wellbeing. |  |
|--|---|--|

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