



Inspection Report on

Haven Home Care (UK) Limited

**13a Victoria Gardens
Neath
SA11 3AY**

Date Inspection Completed

03/10/2024

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About Haven Home Care (UK) Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Haven Home Care (UK) Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	17 March 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Haven Homecare (UK) Limited is a domiciliary support service for adults who live within the boroughs of Neath and Port Talbot. The service provides support with personal care needs in people's own homes. People receive a good service from a consistent staff team.

Personal plans are written from the individual's perspective and consent for the care proposed is agreed before care packages commence. These plans are reviewed routinely with people. People told us that overall, they are happy with the quality of care they receive. Improvements are needed to ensure recordings of calls are factual and any injuries and bruises are logged correctly to monitor changes in people's health.

Care workers are recruited safely, feel supported in their roles with quarterly supervision and annual appraisals now taking place. Staff undertake mandatory training and those spoken with feel confident in their roles. The responsible individual (RI) has a daily presence in the office and maintains good oversight of the service. The RI visits people to obtain their feedback to drive improvements in the service and documents this on quarterly reports. Bi-annual quality of care reports are completed as required.

Well-being

People have a voice and feel listened too and are treated with dignity and respect. People are involved in the development of their care plans and in quarterly reviews. Communication with people overall is good and they know what to expect from the service. People have consistent care teams and know the care workers who support them. Personal plans are easy to follow and give care staff good information on how to support individuals to meet their needs. People spoken with are complimentary of the care workers providing the service and the consistency of the staff team supporting them.

People are protected from harm and neglect. Policies and procedures are in place that are reviewed as required to ensure the service is run smoothly. Care workers complete mandatory safeguarding training and those spoken with have a good understanding of their roles and responsibilities to report any concerns. There are good recruitment procedures in place to ensure care workers are vetted with appropriate background checks to ensure they are suitable to carry out their roles prior to employment. Care workers have uniforms and ID tags, so they are easy to recognise, and people told us they feel safe with the care team supporting them.

Effective procedures are in place to oversee the service. The RI is visible in the service office most days. They carry out visits to people on a regular basis to step in for care staff and to complete assessments, obtain feedback and go through documentation with them. There are systems in place to monitor and evaluate the service. Regulatory reports are completed at appropriate timescales.

People can receive some aspects of the service in Welsh at present. Haven employs several Welsh speaking staff who are able to deliver care to people through the medium of Welsh. The RI told us that the service offers for personal plans to be written in Welsh, however, this has been declined to date. Should this change in the future, the provider will prioritise this and seek the translation of key documents such as the service user guide and statement of purpose.

Care and Support

People are provided with the support they need through a service designed in consultation with them. We viewed three care files and saw easy to understand personal plans in place that guide care staff on how to support people to meet their needs. We saw people's personal history and what matters to them on the plans which assists care staff to get to know them well and build up trust. Reviews of care documentation takes place, and this includes individualised risk assessments. Signatures of people and or their representatives were visible on documentation to confirm their agreements of the contents. We visited people receiving the service and all confirmed their personal plans reflected their needs well. Feedback about the service on the whole was positive and comments included *"I've been having support from Haven now for over a year and I can't fault them"* and *"we're happy with the service and have no concerns"*.

Overall, people are supported to maintain their health and well-being. Improvements are needed when documenting any changes in people's presentation so that monitoring can take place to seek medical support appropriately. Robust documentation is needed to ensure people are supported to maintain their health and wellbeing. We saw that injuries and bruises observed by the inspector during visits were not recorded in care notes or on appropriate body maps. The RI has assured us that this will be addressed immediately, and care staff will be made aware of the necessity to record any changes in appearance of the skin or injury promptly and appropriately. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We looked at medication administration charts (MAR) and found that these are completed accurately and are audited routinely to minimise the risk of error. Any errors are reported to the GP and medication management team promptly as required.

There are procedures in place to keep people as safe as possible. Prior to care being delivered. Assessments are carried out with people in their home environment to ensure it is safe for them and staff delivering care. Care staff undergo mandatory safeguarding training and those spoken with have a good understanding of their roles and responsibilities to report any concerns. There is a safeguarding policy in place which includes the link to the Wales safeguarding procedures. People told us *"I feel safe with them"* and *"I had no confidence at all before, but this has now improved and I'm more independent and can do so much more for myself since having the support"*.

Leadership and Management

There are good governance arrangements in place to support the smooth operation of the service. There are policies and procedures in place to ensure the service is managed effectively and these are reviewed as required. The service's statement of purpose (SOP) was viewed and gives an accurate picture of the service and what it can offer for people. Copies of the SOP, service user guide and complaints procedures are available to each person receiving the service located in their care files. The service has an electronic call monitoring system in place which is monitored effectively to ensure care staff arrive to their calls safely. The RI monitors this and alerts are triggered if there are any issues with late arrivals so that the risk of missed calls can be minimised.

The provider has good procedures in place to ensure care staff are recruited, supported and trained appropriately for their roles. Three personnel files were viewed, and we saw documentation and background checks are in place as required for safe recruitment. Improvements have been made to ensure staff receive regular supervision, spot check checks and annual appraisals to support them in their roles. We saw that many of the care staff are registered with Social Care Wales (SCW) – the workforce regulator, with those who aren't registered, working towards it, or in the process of renewing. The training matrix was seen, and we saw most staff have good levels of training with lots of training booked to take place in the next few months. Care workers spoken with were complementary of the support they get and the training they receive, comments included: *"The manager is very supportive and is helping me with my own personal development"*, *"I feel supported in my role and have had plenty of training"* and *"I feel valued here at Haven with chances to develop my career through regular training and career opportunities"*.

There are systems in place for the effective oversight of the service through ongoing quality assurance. The RI works within the office and with senior care staff on a regular basis to maintain oversight of the service. They carry out routine audits of medication, recordings, dip sampling of care and personnel files and more to ensure the effectiveness of the service delivery. The RI visits people to carry out reviews and obtain their feedback of the service to inform any improvements needed. Bi-annual quality of care reviews are produced as required by the regulations and these indicate actions to enhance the service.

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.

Area(s) for Improvement

Regulation	Summary	Status
59	Documentation in care files is not always completed accurately to indicate any injuries people may have	New

	sustained during a fall. This is important to monitor any changes in peoples health to seek further support if required.	
36	We looked at three staff files and supervision is not taking place quarterly or annual appraisals.	Achieved

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