

# Inspection Report on

**Havenhurst Home** 

Havenhurst Sandhurst Road Milford Haven SA73 3JU

## **Date Inspection Completed**

26/04/2024



#### **About Havenhurst Home**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Pembrokeshire County Council Adults and Children's Services
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	27/04/2023
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**

Havenhurst provides a relaxed and friendly atmosphere where people are supported and encouraged to be as independent as possible. People are welcomed and offered a home where they feel they are valued, have choice and feel safe. Care workers are friendly, enthusiastic and strive to make a positive difference to people. Good communication channels are evident throughout the service, with prompt referrals made to healthcare professionals where necessary.

The home's environment is safe for people to live in. Risk assessments and checks are in place to ensure people's continued safety. People have their own rooms that they can personalise if they wish. There is outdoor space and communal areas are clean, bright and well utilized.

The provider has a nominated responsible individual (RI) who has oversight of the service and quality of care. A dedicated, experienced manager is responsible for the day-to-day smooth running of the service, supported by a consistent care team. Care workers are recruited safely, are suitably trained and experienced. Morale within the service is good which helps maintain a cheerful and positive environment for people and care staff to enjoy.

#### Well-being

People's physical and mental health is promoted. Personal plans show how people can be supported when they are feeling anxious or low, and care workers follow these. They also show what support is required to help people stay physically well. Staff have relevant training around supporting people with their mental health needs and other specialist care. People are encouraged to stay as active as possible and are offered a balanced diet to promote their health. Records are kept to help monitor a person's well-being and action is taken to involve health professionals if this is required. People are supported to take their medication in a timely manner to promote their health.

People's individual circumstances are considered. Care and support is delivered in a calm, sensitive manner tailored to the individual's needs. Assessments of people's needs inform detailed, individualised personal plans that care workers follow. People's wishes are recorded, and where safe to do so, are supported. Communication is good and people who are unable to express themselves verbally are understood. Staff are knowledgeable and competent in supporting people living with dementia.

The provider ensures people are safe and protected from abuse and neglect. The environment is safe and secure. Regular testing and maintenance of the building, services and equipment takes place. There is an ongoing programme of refurbishment and redecoration in place. Environmental and personal risk assessments have been developed, helping to identify risks and the means by which these can be minimised. People have a personal plan for care staff to follow, including one for emergency evacuation of the building. Staff are recruited safely and have thorough induction and training. Care staff receive training in core areas, such as medication and safeguarding in addition to training in specialist areas in order to meet the specific needs of the people living in the home. Competencies of staff are tested, including medication, which is safely administered. All care staff receive training in safeguarding to ensure that they are aware of the signs of neglect or abuse and how to report any suspicions they might have.

Support is given to ensure people are as healthy and active as they can be and do things that matter to them. People are encouraged to participate in activities of their choice. During the inspection people were seen partaking in arts and crafts, colouring activities and chatting with care staff. Those who wished more quiet space were seen to be supported to access this in a calm and sensitive manner. Referrals to health and social care professionals are made appropriately and promptly when required. Timely referrals are made for equipment to assist people's physical needs. Medication management is good, including stock levels, and regular medication reviews for individuals take place. Personal plans are updated to reflect any changes in need for people and this is done in consultation with the person or their representative.

#### **Care and Support**

People are treated with dignity and respect. Consistent care staff know people well and understand the subtle indicators used by people to show they need support, even if the person is unable to verbalise this. We saw staff provide care in a respectful manner, giving people time to understand information and make choices. People's wishes are respected.

Healthcare needs are monitored and supported. Staff are competent in identifying and reporting any changes to people's health and wellbeing, thereby ensuring external health professionals are involved when required. People who need support from mental health services, including those living with dementia, have access to specialist support. People have personalised support to help maintain their health, including adapted diets to promote nutritional intake, and meals provided outside of more traditional times. Medication is stored and administered safely and all care staff who administer medication are trained to do so competently. People have day to day access to other health services such as chiropody, dental and optical services.

People can be confident that they have an up to date personal care plan. An initial assessment is carried out to ensure that the service can meet the needs of the person. This is followed by detailed risk assessments which inform the writing of the care plans, including oral care. These are used to guide staff on how best to support the person. Other documentation is available within the personal plan as required. People or their families or representatives are consulted about any changes required to the plan. Daily records give a good picture of the care delivered, in addition to health monitoring records, and are used to inform any changes to care provision. People who find decision making difficult, including reviews of their care needs, have access to family members/representatives or advocacy services to help with this.

#### **Environment**

People live in a home that meets their needs. The home is safe, warm and clean and people told us they feel very satisfied living in Havenhurst. The service is located over three floors with easy access between each. Communal lounges are sited on each floor and are comfortable and homely in nature. Lounges include a kitchen/dining area which is informal and well equipped. Colour schemes in communal areas are calming, corridors are wide and have good lighting. Consideration is given to promoting the well-being of people living with dementia. Communal bathrooms are large and well equipped. Bedrooms are clean, comfortable and personalised to reflect the taste and interests of the occupant. A variety of equipment is available to aid people's mobility. This is checked appropriately and service records kept.

Internal and external areas are well maintained with any maintenance issues being addressed promptly. The home is set within a well kept garden which offers people a safe outdoor space. Maintenance safety certificates and ongoing safety checks are completed and up to date. There are clear fire system safety checks in place. People have personal emergency evacuation plans (PEEPs) specific to their individual support needs. Environmental risk assessments are in place and are regularly reviewed and updated if necessary.

The environment is monitored and maintained. Systems are in place to support routine monitoring and testing of services, such as gas and electricity. Equipment, such as lifts and hoists are routinely serviced. When servicing identifies actions required, these are rectified. The provider takes steps to mitigate risks to people. Risk assessments are in place and updated, such as around Fire Safety and Legionella. All staff are trained appropriately in aspects of Health and Safety. People have a personal plan to show the support they need to help them evacuate the home in the event of an emergency. Infection prevention is managed effectively and sufficient supplies of Personal Protective Equipment are readily available to staff. The home is clean, warm and secure. Medication is stored safely and personal information is kept appropriately.

#### **Leadership and Management**

The provider has governance arrangements in place. A nominated RI is in place who provides oversight of the service and support to the manager and staff. They carry out visits to the home, consult people and care staff to understand how the service can improve, and take action to enable improvements. The RI provides detailed reports on the quality of the service and care provision. The provider is kept informed of the quality of the service, and arrangements made to invest in provision of resources to meet compliance. Policies and documentation are kept under review.

The service is run smoothly. An experienced manager is in post who is committed to continually improving the service. They are visible and available to people and to care staff. The manager leads by example and demonstrates good knowledge of people and their needs. Systems are used to monitor the service and audits are carried out.

Staff are recruited safely and feel supported. Pre-employment checks are carried out to ensure care workers are fit to work with vulnerable adults and personnel files contain the required information. Care staff have regular supervision meetings with a line manager to discuss their performance and personal development. Annual appraisals are carried out. All staff we consulted told us that they feel supported, not just by the manager but also by the RI and by colleagues. The manager told us how dedicated the staff are, supporting each other to ensure continuity of care as all staff prioritise the people living at the service. Care staff are registered with Social Care Wales, the workforce regulator.

The provider ensures care staff are suitably trained. An informative induction to the service is followed up with training to ensure care staff are knowledgeable and competent in care delivery. The training is a mixture of face to face and digital learning. All staff have training around the safeguarding of people, and there is a focus on meeting people's needs effectively, for example, training on supporting people living with dementia. Most care staff are trained in medication administration and have suitable checks to ensure they are competent before undertaking this task. The manager uses supervision meetings to refresh care staff knowledge and awareness of areas such as safeguarding, medication management and oral care.

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	

### Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

• Inspection report survey

If you wish to provide general feedback about a service, please visit our <u>Feedback surveys</u> <u>page</u>.

Date Published 27/06/2024

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	

### Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

• Inspection report survey

If you wish to provide general feedback about a service, please visit our <u>Feedback surveys</u> <u>page</u>.

Date Published 27/06/2024