



Inspection Report on

Haven Homecare

**Fielding House
43 Thornbury Close
Rhiwbina
Cardiff
CF14 1UT**

Date Inspection Completed

24/03/2022

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About Haven Homecare

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Haven Homecare |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 10 May 2019 |
| Does this service provide the Welsh Language active offer? | The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are extremely happy with the service they receive and speak positively about the care staff who provide their care. Continuity of care staff is excellent, as staff turnover at the service is low. Care staff are allocated enough travel time between consecutive care calls, which enables them to provide care in a timely manner, at the times agreed. Care documentation is thorough, robust, reviewed regularly and evidences that people are part of their care planning process. Staff recruitment is safe and robust, and the service has improved processes to ensure that staff personnel files now contain all required information. Pre-employment checks are completed prior to employment commencing. Care staff are happy working at the service and feel valued. Care staff speak positively about the management and tell us that they are very supportive and approachable. All staff receive a formal supervision regularly, but immediate action is required to ensure staff training is brought up to date. There is appropriate leadership and management in place, but improvements are required to the Responsible Individual (RI) visits, and quality assurances processes to ensure that they include the views of staff and service users.

Well-being

People have control over their own lives. Care planning is person centred and considers individual circumstances. People and/or their representatives are part of assessment and review processes, and their wishes and feeling are incorporated into personal plans of care. People are fully informed of the service and what action they can take if they have any issues with the service. People told us that they are fully informed of any changes and can always contact the service if required. There are quality assurance processes in place, but improvements are required to ensure that service users are consulted as part of these processes. There is a robust complaints process in place and people tell us that they would feel confident in making a complaint if they needed to. We saw a number of compliments have been received by the service from people who are happy with their care.

People can be assured they get a quality service. Care staff continuity is excellent and has enabled service users to build good relationships with the staff who provide their care. People are very happy with the care they receive and speak very highly of the service and the staff. People feel that the care they get meets their well-being outcomes. Care staff have sufficient time to travel from call to call and tell us that they are very happy working at Haven Homecare. Staff receive regular supervision and feel well supported, but staff training is an area that requires immediate action to ensure that all staff attend the necessary training. Care documentation is thorough, robust and contains the necessary information required for staff to undertake their roles correctly. These documents are reviewed regularly which ensures they remain current and accurate.

People are protected from abuse and harm. Haven Homecare has a robust safeguarding policy in place and whilst no referrals have been made to the local safeguarding team, the managers are aware of the process if they did need to make a referral. All staff receive training in the safeguarding of adults at risk of abuse, but some refresher training remains outstanding. Staff recruitment is safe and robust as pre-employment checks are completed prior to employment being offered and there is a system in place to check Disclosure and Baring Service (DBS) certificates regularly.

Care and Support

People receive the right care at the right time. Prior to their service commencing people have an assessment of their needs, which highlights how and when care should be provided. Personal plans of care are thorough, robust and contain required information. There is a system in place to ensure these plans are reviewed and updated every three months or sooner if required. This is important as these documents guide care staff on how to provide care to the people they support. Care staff rotas indicate there is allocated travel time between care calls, and staff we spoke with told us that the time is sufficient and enables them to complete care without rushing or fear of being late. People we spoke with told us that staff arrive on time and do everything they need them to do. One person told us *“If there is time the carer sits with me and has a chat, which makes a real difference to my day”*. People also said that they have the same staff delivering their care which has enabled them to build positive relationships and ensures that their care is always delivered in the way that they prefer.

People can be confident they have autonomy over their own lives. People and/or their representatives are part of the care planning and review processes, and care packages are built around people’s specific needs. Care call times and lengths are agreed before the service commences. People are given a service user guide which indicates what they can expect from the service and how they can complain if they are unhappy with the service they receive. Personal plans of care are person centred and contain the likes, dislikes, and preferences on how people wish their care to be delivered. Individuals wishes and feelings are clearly evident throughout all documentation. People we spoke with were very complimentary about the service and said they are very happy with the service they receive. People described staff as *“punctual, helpful, thoughtful and considerate”*, and one person told us *“My carer is excellent and is able to speak with me in Welsh”*. People told us that the office staff can always be contacted and said that they are good at keeping them informed of any changes that may affect their care.

Leadership and Management

People benefit from the leadership and management in place, but improvements are required to RI oversight and quality assurance monitoring. Haven Homecare has two managers who are registered with Social Care Wales, the workforce regulator and an RI who has some oversight of the service. There are appropriate policies and procedures in place for the running of the service and the managers understand legal requirements in regard to caring for vulnerable people. Staff we talked with spoke positively about the managers and RI and described them as “*approachable and really good*”. The service has not received any formal complaints since registration, and we were able to see a selection of compliments Haven Homecare has received from people who are happy with the service. The RI completes regular quality assurance monitoring and visits the service in line with regulatory requirements and produces a report to support the findings and highlight good practice and where improvements are needed. However, we noted that as part of these processes the RI has failed to engage with staff working at the service and people who use the service, which is a regulatory requirement. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are supported by staff who are safely recruited. We examined a selection of staff personnel files and were able to see that improvements have been made as they now all contain required information. Pre-employment checks including references and DBS certificates are applied for before employment is offered. These checks are important as they determine a person’s suitability to work with vulnerable people. There is a system in place to ensure that DBS certificates are renewed when required. Staff we spoke with told us that they receive regular supervision and feel very well supported. The staff supervision matrix indicates that all staff are up to date with supervisions, which is important as supervision is an opportunity to discuss any practice issues in a formal setting that is recorded. Staff training remains an area that requires improvement as statistics are low. This is placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. We discussed this with the RI who is aware of the issue and is actively addressing the issue.

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 |
|------------|--|--------------|
| 36 | The service provider has failed to ensure that care staff working at the service have received the appropriate core and specialist training, or refresher training required to undertake their roles safely and effectively. | Not 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 |
|------------|---|--------|
| 73 | The Responsible Individual has failed to meet with care staff who work at the service, and people who | New |

| | | |
|----|--|----------|
| | are receiving a service from Haven Homecare, as part of their visits to the service. | |
| 80 | The service user has failed to engage with people who use the service, and/or their representatives, to seek their views in regard to the quality of the service they receive. | New |
| 35 | Information in respect of persons working at the service (Regulation 35(2)(d)): In order to demonstrate the fitness of all staff, full and satisfactory information or documentation in relation to them must be available at the service for inspection by CIW in respect of each of the matters specified in Part 1 of Schedule 1. | Achieved |

Date Published 16/05/2022