

# Comfort Care Services (Colchester) Limited

# The Haven

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

The Haven is a residential care home providing accommodation with personal care to up to 32 people in one adapted building. The service provides support to people with care and support needs, including those living with dementia. At the time of our inspection there were 30 people using the service.

### People's experience of using this service and what we found

Care plans and risk assessments were in the process of being reviewed and updated, with the input of people and their relatives. There were some areas of the service where infection prevention and control measures could not be fully maintained, due to the need for renovations. The provider was aware of this and had invested in a substantial refurbishment, which was in progress at the time of inspection. Environmental checks took place to ensure the safety of the building and equipment. Medicines were given safely and as prescribed, although some 'as required' (PRN) medicine protocols needed further detail. Staff recruitment was safe. Systems and processes were in place to ensure any safeguarding matters were investigated fully.

There was a new management team in place since the last inspection, and they were working with a clear commitment and ambition to drive continuous improvement at The Haven. The new team were in a transitional period, due to being so new in post, and had not yet had the opportunity to demonstrate how changes would be made and monitored for success. We have made a recommendation about a service development plan. Systems and processes were in place to support good governance. Feedback from people and their relatives indicated an improving service with a caring staff team. Legal and regulatory responsibilities were well understood at leadership level. The service worked in partnership with other stakeholders.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 5 March 2020).

At our last inspection we recommended that the provider ensure care plans and risk assessments are updated, DoLs reflected all restrictions in place and quality assurance processes are robust. At this inspection we found the provider had made some improvements, but this still needed to be fully embedded whilst a new management team settled into their roles.

### Why we inspected

We received concerns in relation to alleged organisational safeguarding matters. As a result, we undertook a

focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Haven on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation on implementing a service development plan, to show how the management team are meeting their aims and ambitions for The Haven.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Haven

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Haven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Haven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and was in the process of applying to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 July 2023 and ended on 28 July 2023. We visited the location's service on 25 July 2023 and 28 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 25 August 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person and 10 people's relatives to seek their views on the care provided. We spoke with 9 staff members, including the manager, group operations manager, deputy manager, chef, maintenance person, domestic cleaner, senior care workers and care workers. We also reviewed written feedback from 1 volunteer.

We observed staff interactions in shared parts of the service. We looked at 5 people's care plans and risk assessments, and multiple medication records. We reviewed 2 staff files. A variety of documents used for governance and oversight were also looked at, such as policies, procedures, and audits. We received written and verbal feedback from stakeholders including the local authority safeguarding and quality teams, speech and language therapy, and other visiting professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we recommended the provider ensured care plans and risk assessments are updated to reflect people's care needs. The provider had made some improvements, but this process still needed to be fully completed, embedded, and sustained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection, risk assessments did not always provide staff with clear guidance on providing safe care. At this inspection, we also identified some inconsistencies. However, there was no evidence people had been harmed, as regular staff knew people's care needs well.
- We raised this with the manager who told us all pre-existing care plans were being fully reviewed. This included in-depth information sought from relatives, introduction of 'Resident of the day', and enhanced training for staff on the electronic care planning system. Care plans for people admitted under the new manager were complete and up to date.
- Personal Emergency Evacuation Plans (PEEPs) were in place in case of adverse events such as a fire. These required updating to show the potential impact of sedative medications. The manager told us this would be included in PEEPs going forwards and were also arranging medicines reviews for people's sedative medicines, to support with the reduction of falls.
- Safety checks took place on the environment, including for fire prevention, legionella, gas safety and on specialist equipment. However, we identified some wardrobes were not fixed to the walls to reduce the risk of potential injury. The manager arranged for the maintenance person to complete this straight away.

At our last inspection we recommended the provider review DoLs to ensure they included all deprivations of liberty. The provider had made some improvements, but this still needed to be fully completed, embedded, and sustained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations had been made to the local authority deprive a person of their liberty.
- Systems were in place to provide oversight of when DoLs applications had been made and their status. The manager told us they would also be completing an in-depth review of people's DoLs, as there had been a delay in assessments completed by the local authority. This meant some people's needs had changed since applications had originally been made.
- Staff received training in the Mental Capacity Act. Decision specific mental capacity assessments were completed with people unable to consent to all elements of their care.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and were confident leaders would act on any concerns. One staff member told us, "If a service user is being abused either mentally or physically or where there is neglect, I would inform a senior or management."
- Most people we spoke with told us they felt safe. One person raised concerns of a safeguarding nature which we shared with the local authority for investigation. The manager was aware of these issues and provided assurances on action already taken at the service.
- Accidents, incidents and safeguards were reviewed to show lessons learned. We identified one incident prior to the new management team which required raising as a retrospective safeguarding notification. Measures were already in place to reduce any risk to the person.

#### Staffing and recruitment

- The service used a dependency tool to calculate safe staffing levels. Our observations showed there were sufficient care staff on duty to meet people's needs in a timely fashion.
- On the day of our inspection site visit there was only 1 domestic cleaner. The manager told us they had hired a new housekeeper to oversee cleaning and were in the process of recruiting a second domestic cleaner to increase the staffing levels in this area.
- One professional who works with the service told us, "Each time I have visited the staff have always been very friendly and helpful. I feel that they have spent time getting to know [person] and building good relationships with them. [Person] and their family have spoken positively about the care that [person] receives and how staff try and make sure that [person] is happy."
- Recruitment checks were completed for new staff to ensure they were safe and suitable for the role. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were given safely and as prescribed. Protocols for 'as required' (PRN) medicines required some further detail to show the steps staff should take to support people with distress before administering medication. However, the provider had already identified this as an area for improvement.
- The management team completed regular audits to ensure staff practice was safe. Any errors or omissions were recorded with the action taken, such as carrying out staff medication competency assessments.
- One person's relative told us, "[Person] is definitely safe and very happy at The Haven. [Person] has regular, familiar care workers who treat them very well. [Person] gets their medication on time and everything seems to be in order."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At the time of inspection, some areas of the service required renovation to ensure good IPC practice could be maintained. The provider was aware of this, and a full refurbishment of the environment was in process, including all bathrooms and shower rooms. We identified there were some items which needed replacing such as toilet brushes, bins, taps and flooring. The manager acted straight away to prioritise this following our feedback. We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were free to receive visitors at The Haven, in line with government guidance. This included celebrating special events with guests in the on-site café, such as birthday parties.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider review their quality assurance processes to ensure all areas of the service are robustly reviewed at all times. The provider had made improvements, but this still needed further development.

- There had been a recent change in management at The Haven, with the manager and group operations manager both new in post. The new management team had worked quickly to identify areas for improvement across the service. However, more time was still required for these changes to be made, embedded, and sustained.
- Systems were established to ensure good governance and oversight across the service. This included a range of audits which incorporated photographic evidence of checks made and analysis of trends over time. The management team planned to develop and refine these existing processes, including a new electronic system to monitor accidents and incidents.
- Where specific areas identified during the inspection had not yet been addressed, this was due to the management team prioritising higher-risk legacy issues. The manager told us, "It is very early days for [Group Operations Manager] and myself with lots going on so, but I am confident that between us and the great team we have here we will achieve great things for our residents."

We recommend the provider considers the development of a service improvement plan to show how planned aims and ambitions are achieved over time.

- The manager understood their regulatory responsibility to submit statutory notifications to the CQC for incidents such as injuries and safeguarding matters.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a focus on ensuring a positive staff culture with good professional boundaries. There was a clear commitment and ambition to continuously drive improvement at the service for the benefit of people living there.
- People's feedback was that staff were caring and positive. One person's relative told us, "[The Haven] is a good home with receptive staff and [my person] is both happy and well cared for." Another person's relative

said, "The care staff are great, and notably very sincerely caring."

- The provider invested sufficiently in The Haven, ensuring funding was available for renovation work throughout. This included plans for changes which would directly support good outcomes for people, such as a landscaped garden area and a sensory jacuzzi bath with lights.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A full refurbishment of the care home interior and shared garden was in process, starting with bathrooms and shower rooms. People were involved in this process, for example, choosing their preferred flooring.
- Meetings took place with people's relatives as an opportunity for them to share their views, and most people felt improvements had been made. One person's relative told us, "It is an improving service now, and we feel listened to and informed."
- Whilst we received some mixed feedback on the approachability of leadership at the service, the manager was new in post, and told us they were committed to, "Building trust and respect with staff and people."
- The service had received a number of compliments and positive reviews. One person's relative told us, "There is an excellent new manager here, all the improvements are to be welcomed." Another relative said, "[Manager] is tackling issues like social media, family activities, and consent."
- Staff told us they felt supported by the new manager and are able to raise any concerns. Staff meetings took place, and minutes recorded what had been discussed. One staff member said, "It is settling really nicely with [Manager] if I have any problems I can always go to [Manager], and anyone really."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team were open to feedback and acted promptly when any issues were raised during the inspection process.
- Plans were in place in a range of areas, such as ensuring a dementia friendly environment and working with other stakeholders to proactively address areas such as falls.
- The Group Operations Manager told us, "There is much work in progress at The Haven. Both [Manager] and I of course want to strive for outstanding and make The Haven a homely care home where best care is delivered."

Working in partnership with others

- The service worked well in partnership with other health and social care professionals.
- One professional who works with the service told us, "When arranging [person's] placement, I spoke several times to the manager and their colleagues, they were always very helpful in providing me with the information I required."
- The service took part in a scheme inviting autistic young people from the local community to complete work experience, including supporting with activities. One volunteer said, "I am really enjoying it so far at The Haven, all of the staff have been so wonderful helping me."