

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Harbour Care Home

139 The Broadway, Herne Bay, CT6 8HY

Tel: 01227741940

Date of Inspections: 29 April 2014
25 April 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Harbour Homes UK Limited
Registered Manager	Mr Andrew Kenneth Knight
Overview of the service	Harbour Care Home provides care and accommodation for up to 12 people suffering, or recovering from mental illness.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safety and suitability of premises	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2014 and 29 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

The inspection team was made up of one inspector. We visited the home over the course of two days. On the first day we spent four hours in the home looking at care records, talking to staff and people who used the service. On the second day we spent two hours in the home and looked at the recruitment procedures and quality assurance processes. We also had the opportunity to talk to more people who used the service. We set out to answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people using the service, their relatives, the staff supporting them and looking at records.

Is the service safe?

A thorough assessment process ensured that the home could meet the needs of the people who used the service.

The environment was well maintained with regular safety checks carried out so that the home was safe for people to live in.

Recruitment processes were safe. This was because there were robust procedures in place which meant all prospective members of staff were subject to thorough checks before they started working at the home.

Is the service effective?

The aim of the home was to provide accommodation and support for people who were moving on to live independently in the community. By the means of goal and support planning people were helped to achieve this.

Our observations showed that people received the support outlined in their plan in the way that suited their needs. It was clear from what we saw and from speaking with staff that they understood people's needs and they knew people well. People told us that they were supported in the way they wanted to be.

Is the service caring?

People who lived in the home felt they could trust the manager and staff and felt that they were listened to.

People who lived in the home had regular meetings where they could put forward any ideas or suggestions. We saw that these were listened to and people's opinions were respected.

People who lived in the home were able to contribute to the recruitment of new staff. A 'resident' representative sat on the interview panel and was able to ask prospective members of staff questions that had been devised by the people who lived in the home. This enabled people to have the opportunity to have their say about the staff who would be caring for them.

Is the service responsive?

We found that the manager and staff were approachable and encouraged people to voice any concerns or ideas for change.

People regularly contributed to their support planning so that any changes could be identified and new goals agreed.

People completed a range of activities in and outside the service regularly and new suggestions were listened to.

People who lived in the home were able to contribute and have their say about how the service was run. There was a resident representative who represented other people who lived in the home at staff meetings. People could choose who they wanted their representative to be, and people who lived in the home all had the opportunity to take over this role.

Is the service well led?

Staff we spoke with had a good understanding of the different policies and procedures. They knew where to access them and where they get further advice from. Staff told us that they felt well supported and were given the information they needed to support the people who lived in the home.

The manager took an active role in the running of the home and met with staff and people who lived in the home to listen to what they had to say.

There were suitable quality assurance processes in place that checked that people received safe care and lived in an environment that was well maintained.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

When people moved into the service the aim was to support people to achieve independence so that they could move into their own home in the community. Everyone we spoke with who lived in the home was aware of the expectations and contributed to their support plans to help them achieve their goals.

People expressed their views and were involved in making decisions about their care and treatment.

People who lived at the home were there under either a formal or more informal agreement. This was agreed with people before they moved into the home. This meant that some agreements to care and treatment were set within the boundaries of individual people's circumstances. When they moved in people received a full assessment of need to ensure they would receive the support they needed.

People were supported in promoting their independence and community involvement. We saw that people set individual goals that had been agreed with their key worker, who was a named member of staff who supported individual people with their support plans and goals. We saw evidence that people's aspirations were discussed and agreed. The ethos of the home was to support people to improve their lives, meet their own goals and gain independence. We saw evidence of goals that had been set and agreed, although we noted there was a lack of detail about how these goals would be achieved. People we spoke with, however, were aware of their own goals and what they wanted to achieve. People were encouraged to take responsibility with managing their own lives. This meant that people were given the opportunity to develop and promote their personal skills.

People's diversity, values and human rights were respected.

People we spoke with felt they were treated with dignity and respect. One person told us that in a previous setting, "Staff had lied. They would tell you one thing and then write down another. Here they are honest". Another person told us, "They are a good bunch here".

People were able to access local community resources in agreement with their support plans. People told us that they were aware of house rules and knew they needed to be followed, but also told us that they were given the freedom they needed and that there was a, "Chilled atmosphere" and felt they benefitted from, "Lots of support". This meant that people were made aware of their individual accountability and responsibilities.

People contributed and had their say about different leisure activities. We saw that theme nights were suggested and arranged, card games, pool and darts evenings and trips out to different attractions. People who lived in the home confirmed that they could go out in a group, with a member of staff or on their own. This supported people to make decisions and develop social skills.

People were involved in their support through regular meetings with either their key worker on a more formal basis or with the manager on an informal basis. The home had developed an open atmosphere based on working with the people who lived there and trust. This meant that people could feel safe and secure in their environment.

We saw that people had signed their support plans and agreed to the different aspects of their care. They reflected the involvement people had and demonstrated that people were made aware of the support that they could expect whilst living at Harbour Care Home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw how the service supported people to experience safe support that met their needs. We spoke with the manager, three members of staff and four people who used the service. We also looked at records including support planning and risk management.

People who moved into the home were referred by an appropriate professional; for example a care manager or the mental health team. Information was obtained so the home could make a judgement as to whether they would be able to meet the needs of the person who would be moving in.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Once people moved into the home they spent time with a senior support worker who introduced the person to the home and helped them to settle in. People were then allocated a key worker. Each person was fully involved in their support plan with goals and support needs agreed on an individual basis. We looked at a sample of support plans and saw that they were detailed and individual to people's needs. We saw that there was information about people's case and life histories, which helped staff understand the needs of each individual person. They were supported by risk management strategies that had been agreed which each person. This meant that people's support was assessed and agreed in line with their individual needs.

People we spoke with told us that they felt they received good support. They told us that they agreed to structured activities and this helped them to achieve their goals. One person told us, "This is the best place I have been in. It's a good residential home".

People were supported to obtain employment, attend centres or courses and develop daily living skills. People who lived in the home could also join staff in training sessions, such as food hygiene. People were given responsibility for their own menu planning and provided

with a budget so they could purchase their own evening meals. We saw that as people's skills and / or confidence grew they became more independence and were encouraged. This demonstrated that staff in the home were committed to supporting people to ensure they achieved independence.

Where appropriate other professionals were contacted and had involvement and input into people's support needs. People were supported to access local health care facilities such as the G.P. or dentist. Where appropriate the mental health team were involved with people's care and we saw evidence of suitable referrals made for additional support that people had needed. This meant that people's health care needs were met.

We saw that staff balanced people's rights to take risks alongside safe support and protecting people from being at risk from themselves or from/to others. Staff achieved this balance by working with people towards their goals and at all times during our visit, we observed that staff were respectful and professional to the people who lived in the home.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Harbour Care Home was situated in a residential area of Herne Bay. There was easy access to the local shops and transport routes. The home was set out over three floors and could accommodate up to twelve people.

There was ample communal space which people could access as and when they chose. There was a large sitting area, a dining area and communal kitchen. People could use the kitchen when they wanted to prepare their meals, snacks or drinks. Each person had a lockable cupboard in the kitchen area where they could store their own food. This meant that there were suitable arrangements for each person who lived in the home to use the communal spaces to suit their needs.

Each person had their own en-suite room and there were two self-contained flat-lets for people who were preparing to move into the community. The service provided furnishings suitable for people's needs. Each person was also provided with a fridge in their room where they could store their own food and drink. This meant that people were provided with suitable equipment which met their needs.

Environmental checks were carried out. This included water temperatures, fridge and freezer temperatures, health and safety checks around the home. There were environmental risk assessments in place including a fire risk assessment. This ensured that the environment was maintained safely for the people who lived in the home.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place

We looked at the records for the last three members of staff who were employed by the service. We spoke with the manager about the recruitment processes and asked two members of staff about their experiences.

The manager told us that prospective members of staff completed an application form and attended an interview. We saw that application forms contained details of peoples' educational and employment histories. Any gaps in employment were discussed and recorded at interview so the home could be assured they had a full picture of people's work histories.

People were interviewed by the manager and another senior member of staff. Part of the interview process included giving prospective members of staff scenarios and asking set questions. These were recorded. This meant that the home ensured they employed people who had an aptitude for the role they were applying for.

In addition a 'resident' representative also sat on the interview panel and asked set questions. This meant that people who used the service were able to contribute to the recruitment process in order to ensure that staff employed would be people they felt could meet their needs.

Following the interview the panel would discuss the answers and their assessment of the candidate which promoted equality in the recruitment and selection process.

Appropriate checks were undertaken before staff began work.

On completion of the recruitment procedure, if successful, prospective members of staff were offered a position subject to receipt of satisfactory references and appropriate checks such as the Disclosure and Barring Service (DBS) check. This check was formerly known as the Criminal Records Bureau (CRB) check and was used to ensure that staff were suitable to work with vulnerable people. All the files we looked at showed us that people did not start work until the references and DBS or CRB check had been received. We saw

that references were verified to evidence that they had been received from an appropriate source and risk assessments were carried out if there was any query with regard to a person's potential suitability to work at the home. These processes ensured that the service employed suitable staff to care for people who lived in the home

We found that other documents as required by regulations were in place. These included a health declaration, proof of identity and a photograph. These ensured full checks were carried out on prospective members of staff.

Once employed staff were given a contract of employment and a job description. Staff completed a three month probationary period. This meant that staff were made aware of their roles and responsibilities with regard to their new role.

Information in staff files and discussion with the manager and staff evidenced that a staff induction programme was in place. This included shadowing an experienced worker until the support worker was deemed competent. Staff completed mandatory training courses as part of their induction which included safeguarding vulnerable adults, health and safety, fire procedures and first aid. Time was also spent getting to know the people who lived in the home and understanding the key worker process. This meant that new members of staff were given the support they needed to carry out their role effectively.

Staff we spoke with told us that they when started work they had received good support and that there was ongoing training that helped them with their work. This meant that staff felt they received appropriate support.

When we spoke with people who lived in the home they told us they were happy with the support provided by staff. People said, "They pick staff quite carefully", "Staff are ok" and, "Staff are always here to listen".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with the manager, three members of staff and four people who lived in the home. We also looked at records that were maintained to monitor the quality of the service and records of how people were able to contribute and have their say about how the home was run.

We saw that people who lived in the home were able to actively contribute to the running of the home. Resident forums were held on a monthly basis where everyone had the opportunity to have their say. We saw that people discussed the general house rules, things they were happy with and areas they felt could be improved. We saw that people had requested that Sky television was installed and this had happened. This meant that people's views were taken into account; requests were listened to and acted upon.

Satisfaction surveys were sent out to staff and people who lived in the home on an annual basis. Stakeholder surveys had also been sent out during the previous year. The results had been collated and analysed. Responses showed that people were generally happy with all aspects of the service. This showed that people's views were taken into account.

People we spoke with told us that they felt involved in the different aspects of the service. They told us that they felt listened to and were able to have their say. One person confirmed that they were the resident representative and attended staff meetings and helped out at interviews.

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

There were a number of audits carried out by the manager on a monthly basis to make sure that all aspects of the service worked well and promoted people's safety and welfare. Audits included care and support plans, medication, staff records, training and supervision,

health and safety and activities. We saw that where an audit identified a shortfall, an action was proposed and this area had been subject to another check to ensure actions had been met. For example the manager had identified that not all staff supervisions had been up to date and had taken action to address this. One audit also identified that support plans needed improvement and actions were being taken to address these. This meant that the service recognised where improvements were needed and took action to make improvements.

The registered provider also visited on a monthly basis and carried out a full check on different areas of the service. Any actions were identified and reported to the manager. This meant the manager and staff were supported by the registered provider to provide an effective service.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

Any accidents and incidents were fully recorded. These contained comprehensive reports of the event and what was done at the time. These were also audited on a monthly basis to look for any patterns or trends so that action could be taken to prevent or reduce the likelihood of reoccurrence. This ensured that people who lived in the home were protected from the potential risk of harm.

There were policies and procedures in place to support the smooth running of the service and gave staff guidance how to carry out their role safely. There were also policies and procedures in place that promoted the rights of the people who lived in the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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