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Harbour House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 June 2017 and was announced. Harbour House provides accommodation and personal care for up to four people who have learning disabilities, some health conditions and some complex and challenging behavioural needs. The service is not accessible to people in wheelchairs.

At the previous inspection on 5 and 6 May 2016 we found four breaches of our regulations, an overall rating of requires improvement was given at that inspection. The breaches of regulation related to some practices for the storage and administration of medicines; some aspects of recruitment were incomplete because decisions about the employment of some staff were not recorded; some quality assurance checks were not fully effective and where the service had a legal obligation to notify the Commission of certain decisions and events, notification was not always made. We issued requirement actions for these breaches and the provider wrote to us telling us how and when the required improvements would be made. At this inspection we found the provider had met the previous requirement actions and addressed all of the breaches of regulation.

The service did not require a registered manager as the provider manages this service and another owned by her locally. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was present throughout the inspection.

Three people lived at the service; we met and spoke with each of them. People told us that they liked living at the service, they were happy, they thought the staff were good at their jobs, were kind and cared about the people they supported.

There were safe processes for the storage and management of medicines. Recruitment processes were in place to protect people and ensure staff employed were suitable for their roles. Staff felt supported and listened to and received appropriate supervision. Staff had appropriate training and experience to support people well.

Quality assurance and management oversight of the service was effective, all statutory notifications required by the Commission were made when needed.

Staffing was sufficient and flexible to meet people's needs. Staff knew how to keep people safe from harm, they were trained to recognise and report abuse, risks were appropriately assessed.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and applied these principles correctly.

People had personalised records detailing their care and support, including well developed support plans

for their emotional and behavioural needs.

People were supported to access routine and specialist health care appointments. People told us staff showed concern when they were unwell and took appropriate action.

People enjoyed their meals, they were involved in deciding what they wanted to eat and went shopping to buy groceries. Some people helped to prepare meals.

Staff were caring and responsive to people's needs and interactions between staff and people were warm, friendly, respectful and often made with shared humour.

Staff spent time engaging people in communication and activities suitable to their needs.

People felt comfortable about complaining, but did not have any concerns. People, relatives and visiting professionals had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been reviewed and acted upon.

The provider had a set of values forming their philosophy of care. This included treating everyone as an individual, working together as an inclusive team and respecting each other. Staff were aware of these and they were followed through into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to support people, risks were appropriately assessed and medicines were managed safely. Accidents and incidents were appropriately managed and acted upon.

Recruitment procedures for new staff were robust. Staff received safeguarding training and understood how to keep people safe from harm.

Checks, tests and servicing of equipment was carried out and premises safety checks were completed.

The premises were clean and provided a comfortable environment for people.

Is the service effective?

Good

The service was effective.

Systems were in place for the induction, supervision and training of staff.

People's health and wellbeing was managed well and people were supported to access health professionals as needed. People's choices were respected and they were consulted about what they ate.

Staff supported people in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff were patient and respectful in their engagement with people and understood their different communication methods well.

People were encouraged to develop their independence and

were supported to plan goals and aspirations to work towards.

Staff supported people to maintain links with their families and friends.

People's bedrooms reflected their personal taste and interests and contained possessions important to them. Staff respected people's privacy and supported them discreetly to protect their dignity.

Is the service responsive?

Good

The service was responsive.

People were assessed prior to coming to live in the service to ensure their needs could be met, detailed care plans were developed that guided staff in the day to day support they offered.

People and their relatives were involved and consulted about their care and treatment which was kept under review.

People were supported to make use of activities and services within the local community and were helped to pursue and develop their interests.

Complaints information was in a format that people could understand and use.

Is the service well-led?

Good

The service was well led.

Improvements in systems to assess and monitor service quality were embedded.

The service appropriately informed the Care Quality Commission of notifiable events.

People, relatives and professionals were surveyed for their views, they were taken into account and acted upon where needed.

Staff meetings were held regularly and staff felt well supported and managed.

Policies and procedures were kept updated and informed staff practice.

Harbour House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection of this service on 8 June 2017. The provider was given 48 hours notice of the inspection. This was to ensure people would be there for the inspection process if they wanted to be and to ensure staff would be present. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff would be intrusive to people's daily routine.

We spent some time talking with people in the service and staff; we looked at records as well as operational processes. We reviewed a range of records. This included two care plans and associated risk information and environmental risk information. We looked at recruitment information for three staff; their training and supervision records in addition to the training records for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the provider. We spoke with each person, two staff and the provider who manages the day to day running of the service.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law. The provider had completed a Provider Information Return (PIR) before the inspection which we used to help us inform our Key Lines of Enquiry (KLOE) for inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Good

Is the service safe?

Our findings

People agreed they felt safe and were happy living at the service; they found staff reassuring and trusted them. People were comfortable and at ease within their home environment. One person told us they had settled well into the service and enjoyed their new activities. Another person told us, "I am very happy, this suits me well."

Previously we checked the arrangements for the storage and management of medicines and identified that administration of medicines was not always properly carried out or recorded and medicines were not always suitably stored. We issued a requirement action for the provider to improve and this inspection found suitable improvement was made.

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely, in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking them their medicines and then ensured that they had been swallowed before leaving people. Medicine audits were carried out by senior staff and medicines were counted each day; we saw clear records of the checks that had taken place.

Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed for all staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines. People's medicine had been reviewed where needed. Where some people had taken multiple low dose tablets, this had increased the potential of them dropping tablets. In conjunction with the GP, the service had spoken with the pharmacist who now provided a smaller number of higher dose tablets to reduce the number of tablets needed. This had helped to reduce the risk of tablets being dropped and people not swallowing all that they had taken.

Our last inspection found people were not protected as far as practicably possible by a safe recruitment system. This was because risk assessments or reasoning was not recorded to support the employment of some staff. At this inspection all aspects of recruitment were complete. A sample of three recruitment files showed required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been obtained, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied. Where needed the provider had documented their reasoning in support of the employment of staff.

Any concerns about people's safety or wellbeing were taken seriously. There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about

preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed when needed and linked to accident and incident reporting processes. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again. Records showed and staff confirmed the number of incidents and accidents remained low.

Strategies were in place to support people with behaviour that could challenge. Staff were aware of potential behavioural triggers and indicators of people's anxiety or agitation. Behaviour management plans provided clear guidance to staff and people felt safe and reassured that risk were understood and reduced as far as practicably possible. Where one person experienced occasional epileptic seizures, systems were in place to monitor them, particularly when they were alone in their bedroom. The person was happy with the monitoring system and had agreed to it.

Staffing levels were based upon people's dependency assessments and were flexible to accommodate outings and activities. Staffing comprised of two staff on the day shift and one wake night member of staff. There was an established on call system should additional support be required. Agency staff were not used, any shortfall was met by staff employed by the provider. This ensured familiarity of people's needs and enabled them to be addressed consistently and safely. People and staff felt there were enough staff on duty to support people, their activities and safety.

Records showed the provider ensured mains services and appliances were checked and maintained as required. For example, the building electrical wiring, gas safety, portable electrical appliances, fire alarm and fire fighting equipment were checked when needed to keep people safe. An emergency plan provided staff with information about what to do in the event of a fire. Fire drills were held and staff were familiar with actions to take. The outside of the property was well maintained and had recently been painted.

Personal emergency evacuation plans explained what support a person needed in the event of an emergency. They included important contact details and a current list of medicine people took and what it was for. The plans were up to date and easily accessible in a grab bag; the grab bag also contained spare keys for the service to ensure people could get out as a locked door policy was in place.

Good

Is the service effective?

Our findings

People told us staff looked after them well. Relatives visiting confirmed this in survey information. One person told us, "It is a good home." We asked one person if they were happy being looked after there, the smiled and acknowledged that they were. Another person told us, "It's great, the staff are great, we are busy and I am happy."

We spent time talking with people; all comments made were positive. We also observed people's interaction with staff and the care delivered. People told us they felt staff understood their needs and had confidence in the staff who supported them. Comments included "All of the staff are good". People were cheerful and spoke positively about their home.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS), which form part of the Mental Capacity Act (MCA) 2005. It aims to make sure people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS should ensure that the least restrictive methods are used.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for each person and DoLS authorisations were in place where needed.

Staff clearly understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided. Staff offered people reasoned explanations to help some people reach a decision. Staff gained people's consent to give them care and support and carried this out in line with their wishes. People were involved in their day to day choices about the food they bought and ate, the clothes they wore and the activities they preferred to do.

Policies reflected that where more complex or major decisions needed to be made, involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate of Relevant Person Representative was required. These are workers who are independent of the service and who support people to make and communicate their wishes. Information about these processes was available to people and visitors within the service. We saw examples where the advocacy service had been used.

People had individual communication plans in place. These helped to ensure effective understanding between people and staff. Where needed, this included information about facial expressions, body language and gestures as well as other indicators such as people's general demeanour and what any changes may indicate. For example, how people may appear and react if they experienced pain, anxiety or were becoming frustrated. Staff were aware of people's communication needs and used them effectively. Communication aids such as pictorial prompts were available if needed. Where one person needed encouragement to speak, staff spoke with them patiently and sensitively encouraged them to form sentences in response. This

worked well and the person responded positively to this interaction with staff.

People told us they enjoyed their food, they said they always had enough to eat and drink and there was a good choice of what to eat. Staff were aware of people's food preferences and any specific dietary needs. People told us they often went food shopping with staff and this helped them to decide what they wanted to eat. Weather permitting people often went out and had a picnic for lunch with staff.

People were supported to maintain good health and received on going healthcare. People were registered with the local GP and had access to other health care services and professionals as required. Where specialist advice was needed, for example about people's mental health, referrals had taken place and the advice received was followed. Health action plans were based upon individual needs and included dates for medical appointments, medicine reviews and annual health checks. Where people presented challenging behaviour, staff worked with health professionals to look at ways of managing the behaviour. Interventions and restraint were not used to manage behaviours; other techniques and strategies, such as positive behaviour support and distraction or diffusion strategies were used.

Staff received regular training in areas essential to the effective running of the service such as fire safety, first aid, infection control and food hygiene. A training planner identified when training was due and when it should be refreshed. Additional training had been delivered which helped staff support people, including epilepsy, autism, depression and continence promotion. All staff had received training to support people with behaviour that challenged. Staff told us the training was good quality and they felt confident to do their job properly.

Supervision of staff took place every three months and appraisals annually, these are formal meetings between staff and the provider or senior management. Supervisions covered achievements, training and individual actions or targets for staff. They gave staff the opportunity to raise any concerns about working practices and focussed on ideas to progress individual development of staff. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. Supervision processes linked to staff performance and attendance and, where needed, led to disciplinary action. A comprehensive induction programme and on going training ensured staff had the skills and knowledge to effectively meet people's needs. The provider subscribed to and used the Skills For Care Care Certificate, an identified set of standards that social care workers adhere to in their daily working life for the induction of new staff. All staff had achieved or worked towards NVQ or Care Diplomas levels two and three.

Staff communication was effective. A handover book ensured key information was passed between staff, such as GP appointments and key comments about care and support delivered. Staff told us this system worked well. Staff described the service as clean, friendly and a homely place for people to live. They said that they would recommend the service to others. They told us people's choices were respected, the service was not institutionalised and if someone did not want something at one point, like personal care or to eat food, they recognised the importance to give them time and to come back; sometimes a different face worked because people responded differently to different people.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us they liked the staff who supported them and found them comforting and reassuring. Everyone thought they were well cared for. One person told us, "I'm very happy here, it really suits me." People told us they were respected and treated with dignity. They felt they were recognised and treated as individuals and their independence was actively promoted. Staff commented on their professional relationships with people and the importance that they were content, safe and treated well.

Interactions between people and staff were positive, respectful and often made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff spoke with people in appropriate tones and were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different styles of verbal communication and were consistent in the ways they spoke to them. For example, short sentences helped some people understand what to do, where as other people preferred a more conversational approach. Where one person sometimes responded nonverbally, staff encouraged them to speak. This helped them to feel their thoughts and views were valued and avoided misunderstandings. Good communication by staff helped people know what was happening; it managed their expectations about upcoming events, activities and time, avoiding unnecessary worry or anxiety.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff spoke respectfully about people between themselves when discussing how people's days were going.

People were consulted with and encouraged to make decisions about their care. Each care plan contained a lot of pictorial information to make it more meaningful and engaging for people. One person told us they liked talking about their care with staff; they felt valued because they were listened to. They told us they enjoyed all of the activities they were involved with and proudly showed us some of the furniture in their bedroom they had re-purposed and decorated. People told us they got up and went to bed as they wished and could bath or shower when they wanted to. People were able to choose where they spent their time. People moved around the service and garden as they wanted to, supervised by staff when needed. Bedrooms were individual and people had the things around them that were important to them. They liked how they were decorated and felt they suited their tastes and needs.

People's independence was maintained. People talked about choosing meals they liked to have, planning menus, helping to prepare food and choose food shopping. People were involved in household chores if they wanted to; there was pictorial information to remind people what they were doing. People felt staff encouraged them to maintain their independence and daily living skills.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed

information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family. Staff had signed each of the care records to acknowledge they had read them.

People said they had their privacy and dignity respected. One person told us, "This is my room, staff knock and ask to come in." People were well turned out and told us they wore what they wanted to. Staff and the provider all recognised the importance of dignity and respect for people and this was conveyed in their interaction with them.

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to support this.

Good

Is the service responsive?

Our findings

People received care and support to suit their specific needs. They felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. People had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see friends, make new friends as well as learning and practicing life skills, which some people told us helped them to feel more confident. This helped to ensure that people did not feel socially isolated. The service had a mini bus available to help with transport to activities.

Pre-admission assessments were completed to ensure that the service was able to meet people's individual needs and wishes. Care plans were then developed from the assessments as well as discussions with people, their relatives where possible and the observations of staff.

Care plans contained information about people's wishes and preferences. These were in an easy to read format and some people had completed them themselves or with the support of staff and signed them to show they were happy with the content. Care plans contained details of people's preferred routines, such as a step by step guide in supporting the person with their personal care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance.

Care plans were reviewed continually to ensure they remained up to date. Annual reviews were current and provided an oversight of the care provided. These were open to people's social worker, their family or an advocate and staff. People told us they thought they received the support they needed. Where people had specific conditions, for example, epilepsy, there was guidance for staff about symptoms or indicators which may precede a seizure and the support the person would need. There were clear behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff or others.

Health action plans were in place, detailing people's health care needs. The plans contained comprehensive and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed.

Activities and goal setting enabled people to create changes they may desire and introduced structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and saw how this linked to activity planning, development of learning and exploring new activities and challenges. One person told us about a car mechanics and carpentry course they were doing and the sense of fulfilment and enjoyment it gave them. Another person found that they enjoyed bowling and swimming, staff explained how the person was initially reluctant, but

with gentle encouragement and visits to watch, they had embraced the new activities and now looked forward to them.

People had monthly key worker reviews about their care and support. A key worker is a specific member of staff who works closely with people to help ensure their needs are met. This included discussions about health issues and appointments, activities and any contact with family and friends. In addition people told us they had an annual review meeting with their care manager, their family or an advocate and staff. Some people told us that staff supported them to travel to see their family and they had regular telephone contact.

The service's complaints procedure was available in pictorial form. People told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. There were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose and gave us examples of when they had done this.

Good

Is the service well-led?

Our findings

Our last inspection found that some audit and quality control measures were not fully effective because they had failed to identify some areas of concern. Additionally, where the provider was required to tell us about certain changes, events and incidents affecting their service or the people who use it, this had not always happened. We issued a requirement action for the provider to improve. The provider sent us a plan setting out the actions they were taking to improve. This inspection showed the required improvement was made.

Checks and audits had been effective and included, medication, health and safety as well as audits of training and accidents and incidents. The provider had taken appropriate action to rectify any identified shortfalls. Quality assurance surveys ensured people and their relatives were able to provide feedback about the service provided. The provider completed monthly compliance assessments and where needed developed an action plan for the service. All incidents requiring notification to the Commission were made.

Staff continued to be positive about the service and the provider. They each told us they enjoyed working there and felt the provider was committed and wanted the best for the people they supported. Staff and people thought the provider was approachable, supportive and fair. People were involved in developing the service and staff encouraged people's suggestions and ideas. Examples included taking part in meetings where things like decoration, improvements to the service, holidays, activities and food choices were decided.

Policy and procedure information was available within the service and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made.

The service had a clear commitment to the people they supported and philosophy of care. The values and commitment of the service were embedded in the expected behaviours of staff and were discussed during staff meetings and linked into supervisions and annual appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People had completed quality assurance questionnaires to give feedback about the services provided, which were positive. Other feedback included responses to surveys from people's relatives and care professionals. Again the responses received were positive.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through these meetings, and people confirmed they used these to raise issues or comment about aspects of the service such as menu planning.

Staff told us and records confirmed that they attended regular staff meetings and felt the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices. They said they felt confident about raising any issues of concern around practices within the service and felt their confidentiality would be maintained and protected by provider.

Although we did not see any visitors during our inspection, people told us and recent surveys confirmed friends and family were welcomed and could visit at any time. Staff and the provider welcomed people's views about the service and surveys of people, relatives and visiting professionals took place annually to facilitate this.