

Harbour Homes UK Limited

# Harbour Care Home

## 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

### About the service:

Harbour Care Home provides accommodation and personal care for up to 12 people with mental health needs. At the time of the inspection there were eight people living at the service. This service also provided care and support to people living in a 'supported living' setting, so that they can live as independently as possible. There were seven people receiving a regulated activity. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### People's experience of using this service:

- The service enabled people to receive care whilst enabling them to lead more independent lives. One person told us, "I like it here. Staff help me do things, they listen to me."
- People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.
- People felt safe living at the service. "I really feel safe here", one person told us.
- People were encouraged to be as independent as possible. People had goals to aim for.
- People felt comfortable raising any complaints with staff and the registered manager.
- People were fully involved in their care planning and received information in a way that they understood.
- People were protected from the spread of infection and medicines were stored and managed safely.
- People were asked feedback about the service they received.
- People found the registered manager approachable and supportive.

Rating at last inspection: This service was rated, "Good" at the last inspection. (20 January 2017)

Why we inspected: This was a planned comprehensive inspection to check the service remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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

## 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 safe

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below

Good ●

# Harbour Care Home

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Harbour Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service also provided care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection, in January 2017. This included details about incidents the provider must notify us about, such as abuse or serious injury. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

- We spoke with five people including relatives
- We spoke to three care staff and the registered manager.
  
- We reviewed a range of records. This included 2 people's care records and medicine records.
- Two staff files to look at recruitment, assessment and supervision and support.
- We also reviewed records relating to the management of the service, staff training and policies and procedures.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify different types of abuse, and were confident that any concerns they had would be managed appropriately by their managers.
- Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. Managers liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed before people started to receive a service. The assessments always took place in people's homes.
- When risks were identified, staff were provided with guidance on how to reduce those risks. For example, one person was anxious and at times displayed challenging behaviour. Their care records included instructions on what action to take if certain types of behaviour gave staff concern.
- Some people had a history of drug misuse which may have posed a risk to staff. Staff were advised ways to keep them and others safe by ensuring correct protective equipment was used during personal care and to report any concerns to management if they felt their drug use was escalating.

Staffing and recruitment:

- There were enough staff to meet people's needs.
- Rotas were planned in advance. The service ensured they took into account the needs of people having both male and female members of staff on shift with varying skills and experience and abilities.
- Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. References were sought and checked.

Using medicines safely:

- Medicines were managed and stored safely. People said that they were happy with the way their medicines were managed. Medicines had been ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps and provided an audit trail of the medicines administered. Staff carried out regular checks of the medicines stocks and records. Unwanted medicines had been disposed of safely in line with guidance.
- People living in the community received support with their medicines. However, staff were required to make sure people received their medicines safely. Senior staff made sure medicines were delivered in blister packs to make administration easier for staff and people.

Learning lessons when things go wrong.

- Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.
- They had identified a person had been smoking in their room. They educated the person around the risks of smoking in their bedroom to themselves and others. Staff were informed and risk assessments implemented and updated to manage the risk.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons. The service had plenty of supplies.
- Staff told us they had access to as much equipment that they needed.
- Infection control training was provided to staff on their induction into the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good - People received effective care and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance. Reports were requested from professionals such as social workers prior to people accessing the service. Support and risk management plans were completed which all staff read. This helped staff to familiarise themselves with the person.

- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience.

- Staff were up to date with all training and the service had recently enrolled staff in a new system to complete all their mandatory training. People were supported by staff who had the skills, knowledge and experience to deliver effective care. One person told us, "My keyworkers are very good and seem to have right skills and experience."

- Newly recruited staff received an induction which included gaining experience by shadowing more experienced staff.

- Most new recruits came to the service with existing qualifications in care. Those who didn't were supported to gain the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.

- Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff were skilled in making sure people had access to support from health and care professionals when needed.

- Senior staff liaised with professionals when assessing a person's needs and kept those needs under constant review so they could provide information to when needed.

- There was a close working relationship with local GPs, occupational therapists, and physiotherapists.

- Staff supported people achieve healthier lives. One person told us, "I want to join the gym and my keyworker is supporting and encouraging me to do this, but at my own pace."

- Staff effectively communicated changing needs of the people they support with each other and their managers. This meant all staff knew how people's needs were changing so they did not have to repeat it to different staff members. One person told us, "I have good days and bad days. It doesn't matter who is on, they know which day I'm having."

#### Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a balanced diet. During the inspection fresh fruit was freely available and there was a good supply of fresh vegetables. When needed, people were supported by competent staff to cook and prepare meals, who were trained in, for example, food hygiene.

- Another person told us, "I'm looking to move to the "Lodge" (Supported Living) and I get help with doing my shopping and help with what is healthy and what is not so healthy. I'll need to know this when I'm more independent at the Lodge."

#### Ensuring consent to care and treatment in line with law and guidance

- 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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found staff were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.

- Staff supported people to make decisions about their care. With more complex decisions, best interest meetings were held, and people who knew the person well such as health professionals were invited to attend.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion in their day-to-day care. Staff knew people well because rotas allowed them to support people consistently.

- Staff sought accessible ways to communicate with the people they supported. One person communicated their choices as best they could due to a speech impediment. Another person had a health condition which meant they needed time to be able to understand and respond to staff.

Guidance on how to do this was provided to staff in the person's care records, and we observed staff being mindful of this when providing them with support. The registered manager told us information was available in accessible print for people if they needed it.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.

- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.

- We observed staff asking people how they would like to be supported. For example, one person asked if he could go to town and buy something and a member asked if he needed any help choosing the correct brand.

- If people did not have relatives to support them, the registered manager would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves.

- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care for example. Although, no one needed this level of assistance here. One person told us, "I can do most tasks when washing myself but if I need anything else, they are always there."

- The registered manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

## Is the service responsive?

### Our findings

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Individual support plans gave staff information about how to support people in a personalised way. People were fully involved in writing and reviewing their support plans. Staff told us, "It's important to know people and their needs." Support plans and risk assessments were reviewed every three months or earlier if needs changed.
- People's support plans were personalised to them and reflected the care they received. Support plans had the person's photograph, details of their interests and hobbies and details of physical and mental health needs.
- These plans were regularly reviewed. One person told us, "Staff review my plan every so often and ask me if things need to be added or changed." Another person told us, "My plan was changed last week so that I can aim towards becoming more independent with my medication in the future."
- Care plans were drawn up taking into consideration from health professionals such as mental health co-ordinators for example.
- People were supported to follow their interests and take part in social activities. For example, people told us that they liked playing pool, listening to music. One person told us, "We like to keep ourselves to ourselves but we do get asked if we want to try and do different things."
- Someone had suggested that they would like to attend the Turner Gallery in Margate and this was being arranged.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint, and felt any concerns they had would be treated seriously by the registered manager.
- Information on how to make a complaint was held in care records at each person's home if they were in the supported living environment. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- The service had received six formal, logged complaints since last inspection. Complaints had been responded to in a timely manner and all were resolved successfully. Most complaints received were about incidents that involved other people living at the service. Mainly about behaviour. This was investigated and professionals were sought for further advice and incidents reduced and were managed better. The registered manager said they had a close relationship with everyone and would manage any concerns as soon as they were brought to their attention.

End of life care and support

- People were supported to make decisions about their end of life to have a pain free and dignified death. Some wished to discuss this but others did not and this was respected.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager said they checked if staff followed the values held by the provider by discussing them in supervisions and checking during spot checks that were carried out without notice, sometimes at night. Staff told us, "We support people in a way we know is right. We get regular competency checks management to make sure we are doing what we should."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led.

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

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Arrangements had been made for the service to learn, innovate and ensure its sustainability. The service had listened and acted on suggestions during the inspection and a clear plan was put in place to replace

some furniture, for example and carry out further redecoration.

- The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. A questionnaire was given to people annually to gather feedback and listen to suggestions.