

Harbour Care (UK) Limited

Coral House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced on 3 and 4 July 2018.

Coral House is a 'care home' for up to seven people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home comprises two separate houses next door to each other. They have separate entrances but access to the other houses can be gained through a side gate. At the time of the inspection four people lived in Coral House 1 and one person lived in Coral House 2. At the time of the inspection there were five people living at the service.

The care service was registered prior to the publication of Registering the Right Support. People had lived at Coral House for a number of years. All of the people had come from Dorset and Hampshire. They were all supported to maintain regular contact with their families. The service reflects most of the values that underpin the Registering the Right Support and other best practice guidance whilst there are only five people living at the service. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home had a registered manager who had been in post since November 2017. 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.

At the last inspection in November 2017, overall the home was rated 'inadequate' and we found seven breaches of the regulations. Following the inspection, the provider sent us monthly updated action plans as to how they planned to meet the regulations.

This service has been in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. At this inspection the service demonstrated to us that significant improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

We have identified some areas for improvement and sustainability in the 'is the service safe, and well led' questions. These related to embedding safeguarding systems and procedures, complaints responses and to continually review and assess the effectiveness of the quality assurance systems so that any improvements can be embedded and sustained.

The overall rating for the service is now requires improvement. This is because although there had been significant improvements overall and all of the regulations breached at the previous inspection have been met, we are not yet able to assess whether these improvements can be embedded and sustained when the home is at full occupancy. We will review fully the sustainability of the improvements and impact on people and staff at the next inspection.

The leadership at the home had improved and there was an open, friendly and relaxed atmosphere. People and staff were very relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them well and understood the care they needed. This was an improvement.

Medicines were safely managed and administered. Staff were knowledgeable about people's medicines. This was an improvement.

People told us they felt safe and the safeguarding systems and processes were in the main followed to make sure any allegations were reported, investigated and risks to people were managed. However, the embedding and consistent following of these systems remained an area for improvement.

Risk management plans in relation to people's care, health and support were completed, regularly reviewed and up to date. People had attended healthcare appointments and their health needs were being met. This was an improvement. However, some relatives still had concerns about whether all aspects of people's health care needs were being met.

People's food and fluids and weights were now accurately monitored and reviewed to make sure they kept well. This was an improvement.

People received the care and support they needed and in the ways they preferred. Their needs and preferences were consistently assessed or planned for. People and their representatives were actively involved in developing and contributing to their care plans. This was an improvement.

The turnover of staff had reduced and there was a core staff team. Staff had the skills and had been trained to be able to meet people's needs. This was having a positive impact on people. This was an improvement.

People's rights were now protected and staff understood and acted in accordance with the Mental Capacity Act 2005 (MCA). This was an improvement.

The houses were clean, well maintained and there was a planned programme of refurbishment. People had been involved in choosing the new furniture and décor and helping out with the new garden design and layout.

There had continued to be improvements in how accessible information was for those people who communicated differently.

The service was now well led by the registered manager and people, staff, professionals and most relatives spoke highly of the impact and changes since the registered manager came into post. The provider had reviewed and learnt lessons from the findings of the last inspection. These had been shared and were being embedded into their governance systems.

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 has improved to Requires improvement.

Overall the service was safe but improvements were needed to ensure that safeguarding systems and procedures were followed consistently.

People told us they felt safe and staff were trained in how to report any allegations of abuse.

Risks to people were safely managed to make sure they received the support they needed.

The management and administration of medicines was safe.

Permanent and agency staff were recruited safely.

Learning from incidents, safeguarding and complaints was starting to be shared with staff.

Requires Improvement ●

Is the service effective?

The service has improved to Good

People's needs were met by staff who had been well supported and fully trained.

People's health care needs were met to ensure that they kept well.

People's nutritional needs were met and people took part in their meal preparation.

There was a rights-based approach to seeking people's consent and working in line with the MCA.

Good ●

Is the service caring?

The service has improved to Good

People and relatives told us staff were caring.

Good ●

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

The service has improved to Good

People's care plans were personalised and accurate and up to date.

People and their representatives knew how to complain.

Good ●

Is the service well-led?

The service has improved to Requires Improvement because the improvements found at this inspection had not yet been fully embedded and sustained.

Staff and people spoke highly of the registered manager and the open and inclusive and improving culture at the home.

Requires Improvement ●

Coral 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 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.

This inspection took place on 3 and 4 July 2018 and was unannounced. The inspection was conducted by two inspectors on the first day and one inspector on the second day.

We spoke with and/or Makaton signed to four people at the home. We spoke with four staff, the peripatetic deputy manager and the registered manager. We received feedback from four people's relatives.

We looked at specific elements of four people's care, health and support records and care monitoring records. We looked at people's medication administration records and documents about how the service was managed. These included one staff recruitment file, agency staff profiles and the staff supervision records, audits, meeting minutes, maintenance records and quality assurance records.

We observed how people were supported and looked at three people's care and support records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of.

Following the inspection, the registered manager sent us the staff training information, local authority contract monitoring reports, training plan and the provider's improvement and sustainability plan.

Is the service safe?

Our findings

At our previous inspections, the safeguarding risk management plans to keep people safe were not consistently implemented. This meant the measures put in place failed to keep one person safe and this resulted in repeated incidents where the person was at risk of potential and actual harm. These shortfalls in safeguarding people from abuse had been a repeated breach of the regulations.

At this inspection, safeguarding procedures and systems had improved. However, following safeguarding concerns raised by a relative immediate action had not been taken to refer the concerns to the local authority. Staff told us and we saw in staff meeting minutes and supervisions that the lessons learnt from this incident had been shared with the staff. The consistent implementation of safeguarding procedures and systems so they are fully embedded in staff practice remains an area for improvement.

People, who were able to, told us they felt safe and trusted staff. Three of the four relatives said they did not have any concerns about the safety of their family members.

There were posters displayed in the communal areas and office in both houses about how people and staff could report any allegations of abuse. These were supported by pictures to make the information easier to understand.

At our previous inspections, there were still some areas of risk that were not fully assessed or mitigated. This had been a repeated breach of the regulations.

At this inspection, there were significant improvements and the assessments and management of risks to people and others were well managed. For example, one person had been involved in developing their new positive behaviour support plan. Following the implementation of the plan there had been a notable reduction in incidents where they became upset with themselves and others.

All of the previous shortfalls in risks relating to people's health care, food and fluid intake and equipment had been fully addressed. However, one relative fed back their family member was not always supported to remember their water bottle in hot weather to keep them hydrated. They gave the example of where they had met up with their family member recently and they did not have their water bottle. This is particularly important because the person had a health condition where they need to drink above a set amount, especially in hot weather. This was an area for improvement.

There were significant improvements in the record keeping about people and safety of the service. Where the registered manager identified any shortfalls in record keeping this was followed up with the staff involved. Staff told us they now fully understood the importance of accurate record keeping and how this demonstrated the care and support they were providing to people was safe. They had been involved in determining what they needed to record about each person.

At our previous inspections the medicines management was not safe. This had been a repeated breach of

the regulations.

At this inspection we reviewed the systems, medicines records and people's care plans and found that this was safe. Staff responsible for the administration of medicines were very knowledgeable about people and their medicines.

Overall, the staffing at Coral House had stabilised and there was a core of staff working with people who knew them well. Since the last inspection staff had been trained to meet the needs of people. This included positive behaviour support and Makaton, a type of sign language.

Staffing was calculated on people's individual needs and the registered manager ensured that where people were funded for one-to-one staffing this was provided. Staff were recruited safely and suitable checks were in place to ensure they and agency staff were suitable and safe to work with people.

Accidents, incidents and safeguarding were reviewed by both the registered manager and the organisation. Lessons were learnt and learning was shared in staff meetings and individual one-to-one supervision sessions. Lessons learnt were also shared across the organisation. For example, following an incident with a person from another service in a public place during the World Cup. Information was shared across all the provider's services to ensure that any other potential incidents were minimised.

The home was clean and staff had completed infection prevention training. Personal protective equipment was readily available for staff.

People had personalised emergency fire evacuation plans. There were other emergency procedures in place for people, staff and the building maintenance. In addition, there were weekly maintenance checks of the fire system and water temperatures.

There were systems in place for the maintenance of the building and equipment. A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area. They were working in the home during the inspection. People spoke positively about the maintenance worker and the work they did.

Is the service effective?

Our findings

At our previous inspections we found staff had not received the specialist training they needed to be able to meet the needs of people. This had been a repeated breach of the regulations.

At this inspection staff had completed the majority of the training the provider determined was compulsory. In addition, staff had received specialist training in Makaton signing, diet and nutrition and positive behaviour support to meet people's specific needs. People could now communicate with staff as they had received appropriate training to meet their communication needs. Staff had a better understanding of diet and nutrition, and how to provide meals and drinks in a way that met people's needs. Where people displayed any behaviours that challenged others, staff understood how to respond positively to support the person and others. New staff completed an induction and on-going training that provided them with the skills to carry out their roles. There was a comprehensive training plan in place that was updated and reviewed.

Staff told us they felt well supported by the registered manager and the representatives of the provider who regularly visited the home. Staff now received regular one to one supervision sessions with the registered manager or peripatetic deputy manager. Where staff had been in post for over a year they had received an annual appraisal. The appraisals focused on staff's strengths and areas for development.

At our previous inspections we identified that people's needs were not fully assessed and we also identified some people's care needs were not always met because the healthcare they needed was not arranged, followed up or delivered. In addition, some people's food and fluids had not been monitored as needed. These shortfalls had been repeated breaches of the regulations.

People needs were now fully assessed and they had been involved in their assessments. For example, one person told us they chose to go to the pub with their keyworker to go through their care plan with a "G and T". We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments covered all aspects of their needs, including characteristics identified under the Equality Act such as sexual orientation. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care. The provider had also produced easy read guides supported by pictures for people who may identify as LGBT+.

At this inspection there were major improvements in how people's healthcare and support needs were assessed, planned for and delivered. Feedback from most people's relatives and all professionals involved with them showed that people's needs were now being met. One person's relatives stated that the person's blood tests, dental and optician checks had not been completed. This was because the person would not routinely accept medical intervention or assessments from health professionals.

Other people had attended health appointments and any referrals to healthcare professionals had been followed up. This had a positive impact on people. For example, by the staff working in collaboration with

one person's relatives they had successfully introduced incontinence wear to one person. For another person, the recommendations from their health professional had been followed and they had successfully lost a significant amount of weight. The person and their relatives were very proud of this achievement. The feedback from the community dietician who worked with a number of people who lived at Coral house was very positive. They commented on how the recording for one person's food and fluid records were the best they had seen from the service.

Staff had worked creatively with another person who needed their food and fluid intake monitored. They had developed ways of encouraging the person to eat without any additional pressure which was very important to the person. Staff had also worked with the person to establish the best time to administer their prescribed nutritional supplements. This meant the person's nutritional intake was better managed and their weight had increased and was stable.

There were robust recording and monitoring systems in place that made sure people received the healthcare they needed. A health and social care professional told us the registered manager had improved people's health monitoring and was able to provide them with detailed records of appointments attended and what was booked. People's records included any actions needed following any appointments and all of these were followed up. People's healthcare records were completed at the time of any health interventions so there was a full record of any discussions or follow up actions.

People were involved in planning, choosing and preparing their meals. During the inspection people prepared their breakfast, lunches and prepared vegetables for the evening meal. Photographic recipes were used with people to plan the menu which was then displayed using photographs and pictures.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted and reapplied for as required. One person's deprivation of liberty had been authorised with conditions. The conditions in place for one person had been met. Their representatives told us they kept this under review and were happy that the conditions were being adhered to.

At the last inspection the shortfalls in staff's understanding of the MCA and consent had been a breach of the regulations.

At this inspection staff had a full understanding of the principles of the MCA and consent. People who fully understood the implications of their written care plan had signed these. Otherwise the care plans were agreed and signed by their representatives where they had the legal authority to do this. Some relatives were concerned that health professionals were not following an approach agreed under a previous best interest decision. However, the service and healthcare professionals had followed the principles of the Mental Capacity Act by first attempting to seek the person's consent to the care and treatment, before using the approach set out in the person's best interests.

Any decisions that were made in people's best interests were made in consultation with relevant professionals, relatives and or advocates.

Following the last inspection action had been taken to ensure that gardens and all areas of the houses were

fully accessible. People had been involved in making planters and choosing colours for the newly decorated communal areas. Action had been taken to ensure the conservatory had suitable heating and storage. On the first day of the inspection a new accessible bath was being fitted in Coral House 1. The registered manager had pursued the fitting of a suitable bath following the request from one of the people who lived in Coral House 1.

Is the service caring?

Our findings

At the last inspection there were shortfalls in how staff supported one person to communicate. This was because they had not been trained in Makaton.

At this inspection staff had been provided with Makaton training. This had a very positive impact on the person who communicated by using Makaton. They were much more engaged and communicative with staff and communicated freely with us during the inspection. Other people who lived at the home had also increased their communication with each other by using Makaton. Staff had developed a photographic book and picture exchange symbols to also assist the person with making choices of what they wanted to do each day but also to show the person's family how engaged they had been. In addition, people and staff identified a new Makaton sign each day so they all continued to learn and use the signs. The person's family fed back that they had also seen an improvement in the person's communication since staff had been trained.

People who were able to told us that staff were caring and they liked most of them. Relatives told us staff were caring and compassionate. Staff told us they now feel valued and cared for by the management team and provider.

Staff were very proud of the achievements and progress people had made with trying new experiences or accepting changes to their care and support needs. For example, staff had struggled to maintain one person's dignity when they incontinent. The person would not consistently accept support from staff with washing and managing their continence. With the support of the staff and the person's family, the person was managing their continence with of continence aids and was accepting staff support every day to wash. Staff said, "I don't have the words to describe how well [person] is doing. We are so proud of her".

Staff told us and supervision records showed that respect, privacy, equality and diversity were included and discussed during one to one supervision sessions.

At our last inspection we identified that people's emotional wellbeing was not always supported. At this inspection, this had improved. One person told us they felt very well supported. The registered manager had arranged for advocates and investigated emotional support services for people, such as bereavement support. We saw the positive impact this had on one person and they were much more willing to accept support from staff. This had also significantly reduced the amount of times the person was unsettled and upset with staff. They told us that staff now listened to them.

Staff respected people's privacy, they knocked and sought people's permission before going into their bedrooms, private spaces and acknowledged that they worked in people's home. People told us staff always knocked and asked their permission before going into their bedrooms. This was supported by the feedback from people's relatives.

At our last inspection people's preferences in relation to gender of care worker was not consistently

recorded or met. At this inspection, people told us they were only supported by the gender of care worker they wanted and this was clearly recorded in their care plans and records.

People told us staff helped them with their personal appearance. For example, one person wanted their hair done and makeup applied before they went out and staff helped them with this. Another person liked their nails painted and to paint the nails of the staff.

People were encouraged to be independent and took part in doing their own laundry, assisting with meal preparation and the cleaning of their bedrooms and communal areas. One person had recently started to allow staff to clean their bedroom under their direction and guidance. This had been successful because staff had only cleaned or touched the person's possessions they had told them to. Staff told us as a result the person had started to take more interest and actively sought staff support to clean additional areas in their bedroom. This was significant progress for the person who was feeling more empowered to direct and take control of their environment .

People received care and support from staff who had got to know them well. People's records included information about their personal histories, backgrounds and likes and dislikes. Staff were knowledgeable about people, their daily routines and things they found difficult.

Choice was encouraged and people's preferences were respected. Care plans promoted choice and daily records reflected that people had made choices. People chose where they spent their time, whether in their rooms or in communal areas, including the garden. Staff told us about the importance of people being involved in decisions and their choices being respected.

Is the service responsive?

Our findings

At the last inspection there were shortfalls in consulting with people and planning for meeting people's needs and preferences in a person-centred way. This had been a repeated breach of the regulations.

Following the last inspection, an easy-to-follow summary of people's needs and the support they needed was produced. This was so that all staff, including agency and bank staff, had clear easy-to-follow information as to the person's care and support needs.

Care plans were very personalised and contained information about the person's likes, dislikes and people important to them. Care plans covered areas such as health, eating and drinking, communication, personal care routines, sleep and activities. Staff were able to tell us about how they should support people. People's care plans had been kept under review. Every month people and their keyworkers met to review the previous month. These keyworker review meeting notes covered important areas determined by people. These included: my support plans, my bedroom and house, my health, my safety, activities I have done and would like to do, anything that makes me sad, things that are good, the staff team and what I would want to change.

There was a handover between staff at the start of each shift. A written record of these handovers made sure important information was shared, acted upon where necessary and recorded to ensure people's care and support was monitored.

The service was meeting the accessible information standards. Each person's communication had been assessed and action had been taken to make sure they were able to communicate with others. For example, information was displayed in pictorial and photographic formats, staff were Makaton trained, Picture Exchange Communication Symbols (PECS) were used for one person to choose activities and plan their day, photographs were on kitchen cupboards to show the contents and there was a photographic menu.

'Social stories' were used to assist people with their understanding of things. These are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. This can be written or supported by pictures and photographs.

People had a weekly plan of activities that was based on their personal preferences. This included activities in the home and in the community for most people. Some people attended day services. Some people were choosing not to access the community on a regular basis. People were supported to follow their interests and take part in social activities and work experience opportunities. Activities at home and in the community were based on people's individual interests and needs and were encouraged on a daily basis. People took part in these with support from staff, both individually and with other people from the house. Occupational therapists had also been involved with some people to identify and source different activities they may enjoy and that would keep them occupied.

People were encouraged and supported to develop and maintain relationships with people who mattered

to them. Staff supported people to travel to meet with relatives and some had friends and family who visited them at the home. For example, staff supported one person to visit their elderly parent by meeting them at a location near to where they lived. Some people had phones or tablets so they could keep in touch with friends and family.

At our last inspection there was a shortfall in operating the complaints procedures. This had been a breach of the regulations.

At this inspection overall, complaints had been investigated in line with the provider's policy. There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. People told us the registered manager listened to them and acted on any worries or concerns they had. Two relatives told us they did not have any concerns and any complaints had been fully investigated. However, one person's relative told us they had not been kept informed about the progress of a complaint that they and another relative had made at the same time. Another relative told us they had been satisfied with an earlier complaint investigation and actions taken in response. However, they had not received a formal acknowledgement within the set timescale of a recent complaint they made the week of the inspection. Ensuring complaints are fully acknowledged to all interested parties and responded to within set timescales remains an area for improvement.

Learning from complaints had been shared with the staff team and specific individuals through handovers, staff meeting and supervisions. For example, all the staff were very clear about what they needed to contact one person's relative about and when. This was following a previous complaint where a family member had not been informed about a person's injury. The relative confirmed they were now being kept informed and updated about important information.

Is the service well-led?

Our findings

At our previous inspections we found the home was not well-led. The provider's governance systems had not been fully effective and there had been no consistent, effective management at the home to drive improvements. These shortfalls had been a repeated breach of the regulations.

Following the last inspection, the registered manager and provider sent us monthly action plans to address the shortfalls found at previous inspections.

At this inspection, we found that actions had been taken by the registered manager and provider, and significant improvements had been made to meet all of the regulations. There were some areas for ongoing improvement, for example, regarding embedding safeguarding and complaints procedures. We are not yet able to tell whether the significant improvements made since the last inspection have been successfully embedded and can be sustained. This is why we have rated the service requires improvement overall. We will review the impact of these improvements on people and staff further at our next inspection.

Overall, we received very positive feedback from people, their relatives, commissioners, professionals and representatives about how the service had improved. However, we received mixed feedback from some people's relatives and representatives about their trust, relationship and confidence in the management of the service. We understand this related to the very high turnover of managers and staff at the service, the responsiveness of the management team to concerns and or being kept up to date.

The registered manager was working 20 hours a week at this and 20 hours a week at another service. There were plans to recruit a full-time deputy manager to support the registered manager. This post had not yet been recruited to and was being covered by a peripatetic deputy manager. Further interviews for this post were being held the week following the inspection. The provider's representatives were also present in the home once or twice a week to provide support to the registered manager and staff whilst they worked through the action plans to improve the service.

People, staff, professionals and the majority of people's relatives spoke highly of the registered manager. One person said, "[Manager] listens and does the things that he says he's going to do". A staff member said, "It didn't take long to start to see all the changes. It feels like we've all contributed to making things better." Another member of staff said, "I've felt able to say what's right and what's wrong. I think all staff are contributing well now. I feel valued now". A relative fed back to us, 'With a more settled environment now, there is a happy, confident, optimistic and friendly feeling at Coral.'

The registered manager had worked positively with the local authority service improvement team to make the improvements required. We received positive feedback about the registered manager and progress made at Coral House from both commissioners and the local authority service improvement team.

The lessons learnt from the shortfalls found at the last inspection have been shared across all of the provider's services to minimise the risks of it happening again.

Surveys were being completed by the provider for staff, people and representatives at the time of the inspection. The registered manager was reviewing the format of the 'Your Voice' house meetings so they were meaningful and accessible to all of the people at Coral House.

There were monthly staff meetings with set agendas that focused on people and CQC's key lines of enquiry.

The governance systems in place included independent financial audits, internal compliance inspections and weekly and monthly audits by staff and managers. The provider had produced a sustainability plan to ensure the improvements made will be embedded and sustained. This focused on both outcomes and experiences of people and the governance systems. We recommend the provider continues to review and assess the effectiveness of their quality assurance and governance systems so that any improvements can be embedded and sustained. We will assess the effectiveness of this sustainability plan at our next inspection.

The service's CQC inspection rating was displayed as required in the front entrance of the home and on the provider's website.

The registered manager spoke knowledgeably about notifications they had made to the Care Quality Commission, which had been completed as per the regulations.

The registered manager was open and transparent and worked in partnership with CQC and other professionals involved in the service. The registered manager and provider regularly updated and communicated with us about important information.