

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

Harbour Care Home

139 The Broadway, Herne Bay, CT6 8HY

Tel: 01227741940

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Harbour Homes UK Limited
Overview of the service	Harbour Care Home provides care and accommodation for up to 12 people suffering, or recovering from mental illness. The home is a three storey detached house, which is within close proximity to local shops and public transport. The people who live in the home have use of a communal lounge/diner and garden.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Harbour Care Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 31 August 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

People who use the service told us what it was like to live at this service and described how they were treated by staff and their involvement in making choices about their care. They also told us about the staffing and issues around consent to treatment.

People said that they were happy with the care and support they were receiving and that their needs were being met in all areas. They said that the staff treated them with respect, listened to them and supported them to raise any concerns they had about their care. People told us that the service responded to their mental health needs quickly and that the manager talked to them regularly about their plan of care and any changes that may be needed.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us they were able to make decisions about their care and day to day lives and that staff sought consent. The care and support the person required was discussed with them when they first began to use the service and when any new concerns about their care arose. People said that they had discussed their support and preferred routines with staff. They received the help they needed and they were encouraged to do things for themselves.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Each person had a person centred support plan, which had been developed with them or their representatives and documented their wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

Regular review of the plans and risk assessments, in consultation with people, meant that they were accurate and up to date. They provided guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

People expressed their views and generally were involved in making decisions about their care. Records showed that when people had been considering moving into the service their needs for support had been assessed so that they could be confident they would get the help they needed.

People who use the service signed their care plans and assessments when they consent to the plan of care.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that the people who use the service were making choices about their lives and were part of the decision process. One person who uses the service said they were very satisfied with the care offered and given. They felt that the home offered good quality care and that the manager was receptive to their comments and suggestions. Everyone spoken too told us they were happy with the care and support received and that their independence was encouraged.

We reviewed and discussed with staff the care records of three residents at the home. These had sufficient detail and guidelines about the support needed to meet people's needs. They had an assessment of need, details on how to support the person or what assistance was to be provided. Detailed guidance for staff was available so that they supported people consistently with actions that achieve the desired goal. The care plans were regularly updated.

There was guidance to staff about how a person needs or wishes to be supported in things like personal hygiene and eating. Comments included what someone could and could not do for themselves. The care plans had some common themes for each person but also particular things about people, making them individual and person centred.

Risk assessments had been completed as part of the care plan and these were personalised for each individual. Where the risk assessments result in a restriction on an individual's freedom, for example, only going out with staff support, this has been agreed with the person using the service where possible and is kept under review with the individual.

People using the service, that were spoken with during the inspection, said they understood the reasons for any rules and restrictions in the service and had agreed by them before they moved in. The manager and staff ensure that support is provided to people who use the service, as identified on their risk assessments, to enable them to go out in the community and to maintain contact with family and friends.

Care records and specific health care records seen showed that residents had access to a range of health care professionals including dentists and opticians when needed and they

had regular health checks.

The service holds 'community meetings' regularly. These are meetings organised and chaired by the people using the service in order for them to discuss matters relating to how the service is run and issues that affect everyone in the home. The actions from the previous meetings are discussed at the start of each meeting. People using the service told us that they are involved in running the service. They said that they felt the staff listened to what they said and that they are given support to make their own decisions.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People spoken with did not comment in great detail with regard to this outcome. All said they took their turn in helping with the housework and worked with staff to keep the house clean.

During the visit we viewed all communal areas and sampled bedrooms. These areas were clean, tidy and free of malodour. Facilities supported the hygienic management of laundry and promoted effective hand hygiene. Staff resources had been made available to maintain a good standard of cleanliness and hygiene.

Environmental risk assessments were in place however the provider may find it useful to note that the service was unable to evidence that cleaning schedules were in place, including audits and checks to ensure that appropriate guidance is followed.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

People's needs were not being met at all times of the week in that management cover at weekends was weak and in need of review.

Reasons for our judgement

People spoken with were generally happy with the staffing levels provided by the service and felt that sufficient staff were around to support them. However one person did say he would like to see more staff available to facilitate outings and group trips out. Other people spoken with had no concerns with regard to numbers of staff and were happy with the care provided.

There were enough qualified, skilled and experienced staff to generally meet people's needs. The rota for the previous six months prior to the visit was looked at. This showed full staffing levels were in place for most of the week.

However the provider may find it helpful to note that management cover as evidenced was weaker at the weekends when the team leader was scheduled for a rest day. Staff spoken with were of the opinion that management cover at the weekends could be improved and additional support provided to care staff. Whilst telephone cover was available, the response to any calls made were not always responded to timely, in that staff at times felt unsupported.

The manager noted our concerns and was mindful of the issues and concerns raised. He stated that a review would be carried out to ensure that a stronger managerial presence was in place at the weekends.

During the site visit people who use the service were being supported with their needs and no one was seen to be waiting a long time. The staff were very familiar with the people who use the service's routines and were providing support where needed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available overall. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People spoken with told us that they had no complaints. One said "If I have any concerns I talk to the manager". People knew who they would speak to should they want to complain and felt confident any concerns would be addressed.

People said that they had an active say on ways to improve their care. The management are very receptive to comments and concerns and strive to resolve any issues as soon as possible. People said that they would feel free to make a complaint if necessary. One person said "I feel happy talking to the manager. Happy to complain".

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Staff told us if a person using the service complained to them they "would report it to the manager". Staff were confident that people were able to express concerns if necessary. The manager stated complaints received would be handled appropriately to try to ensure the best outcome for the complainant.

The manager was able to demonstrate through examples where lessons had been learnt and steps taken to improve the service and that the service strives to resolve any concerns as soon as they arose.

The provider may find it useful to note that the complaints procedure was in need of review to ensure it clearly explains the role of the Care Quality Commission relating to complaints; shows contact details and that of social services.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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