

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

Harbour Care Home

139 The Broadway, Herne Bay, CT6 8HY

Tel: 01227741940

Date of Inspection: 16 May 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

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

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and reviewed information given to us by the provider.

What people told us and what we found

People who used services 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 health needs and that staff talked to them regularly about their care and any changes that may be needed.

People told us they received care from a small team of staff and were happy with the care received and had no concerns relating to the home.

All spoken with expressed a great deal of satisfaction from living within the service and did not raise any concerns about the quality of care. All said if they were not happy they would speak to staff or the manager.

Many comments received were complimentary of the service. One person said "I like living here there are no problems" another said "I'm quite happy here. Staff treat me well". Other people were complimentary of the food and had no concerns about the quality of care. Another said "Staff are very good. They respect us and treat us well".

Staff spoken with showed knowledge of safeguarding people from abuse and how and where to report any suspicions or concerns. Staff had received training on how to keep people safe. Staff were able to obtain further relevant qualifications. Staff spoken with demonstrated, through discussion that they had the skills to carry out their role. Records viewed showed the majority of staff had received training in core courses.

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

Care and welfare of people who use services

✓ Met this standard

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 used the service said they were very satisfied with the care offered and given. They felt that the service offered good quality care and that staff were receptive to their comments and suggestions. Everyone spoken to told us they were happy with the care and support received and that their independence was encouraged.

People told us that they were involved in running the service. They said that they felt the staff listened to what they said and that they were given support to make their own decisions. One person said, "I'm looking to move on" when referring to his wish to have a place of his own. Another said, "Staff support and help me when I go out" and "I like going to the shops." Another said, "I have no concerns and feel supported".

We reviewed and discussed with staff the care records of two people 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 achieved the desired goal. The care plans were regularly updated. This meant people received the care they wanted and needed.

Risk assessments had been completed as part of the care plan and these were personalised for each individual. Where the risk assessments resulted in a restriction on an individual's freedom, for example, only going out with staff support, this had been agreed with the person using the service where possible and was kept under review with the individual. The Deprivation of Liberty Safeguards would only be used when it was considered to be in the person's best interest.

People using the service, who were spoken with during the inspection, said they understood the reasons for any rules and restrictions in the service and had agreed by them. The manager and staff ensured that support was 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.

People using the service told us that they were involved in running the service. They said that they felt the staff listened to what they said and that they were given support to make their own decisions and that their rights were protected. Evidence was seen of regular house meetings. This gave people the opportunity to express their views and any concerns or issues.

All people who used the service signed a contract between them and the service that outlined various service rules/responsibilities. These rules / boundaries were set by agreement to support the individual and allowed everyone within the service to live harmoniously. People using the service said they understood the reasons for any rules and restrictions and they had been agreed by them prior to moving in.

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.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they felt safe in the home. They said they could talk to the staff or manager if they had any concerns. One person said, "I feel very safe, feel supported to raise any problems or concerns".

Observations during the visit showed there was a relaxed atmosphere in the home and people chatted freely and openly with each other, the staff and management.

Staff spoken with showed knowledge of safeguarding people from abuse and how and where to report any suspicions or concerns. Staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their jobs well and protect people from abuse.

Training had been delivered in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (safeguards to protect loss of freedom and rights).

Mental health assessments to ensure that the service could evidence that any decisions made on people's behalf that compromised their human rights and rights of choice were in place within the plans of care viewed. (Everyone working in health and social care that makes decisions for people who lack capacity has a duty to know about and follow the Act's codes of practice).

The service had a copy of the local safeguarding protocols (procedures to follow to protect vulnerable people from abuse) available for staff.

The manager stated that all staff had a vetting and barring check (the purpose of the check is to show that someone has not done anything in the past that might make them not suitable to work with vulnerable people). We received information subsequent to the inspection to show all staff had the required checks.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. Medicines were handled appropriately. People told us that staff handled all their medication and did not comment in any detail.

Training had been given to all staff that dispensed medicines and policies and procedures were in place to give staff clear guidance. Staff undertook training on-line provided by a chemist and completed competency training facilitated by a team leader. The medication policy had been reviewed to ensure it was in accordance with national guidelines from the relevant professional bodies and requirements of the relevant legislation. Recording charts and medication records were seen to be kept in good order and completed appropriately.

Systems were in place to order new medication and return discontinued stock. Evidence of this was obtained by reviewing the medication record. Medication was stored within suitable medication cabinets with access by a key carried by the senior member of staff on duty. However one mobile cabinet was not secure. The provider may find it useful to note that any such medication cabinets should be secured to a wall.

Staff gave medicines to people who used the service safely overall. However the provider may find it useful to note that the adoption of a homely remedy policy (an agreed list of medications for issues like a mild cough, upset tummy, mild pain relief) agreed by peoples GP's would ensure that any pain killer for example taken did not have an adverse reaction with any other medicines.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service told us there was a consistent staff team that created a pleasant atmosphere in the home and that the staff were competent and knew how to care for them. One person said the manager was very approachable, staff worked hard to provide good care and they had no concerns. Another said, "I like it here and if I need help the staff provide it".

Staff were able, from time to time, to obtain further relevant qualifications. Staff spoken with demonstrated, through discussion that they had the skills to carry out their role. Records viewed showed the majority of staff had received training in core courses such as, safeguarding adults, manual handling, first aid and fire. Training updates were ongoing in line with current guidance as recommended by Skills for Care (a government training agency). The provider, subsequently to the inspection, provided a comprehensive training plan of training undertaken.

Members of staff had a full in house induction when they started working at the home. Staff said they felt supported by the training to carry out their role and received regular one to one supervision. In addition, they told us they had the opportunity to shadow more experienced staff when they started. This means staff were able to gain the skills needed to support people with their needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service told us they were happy and satisfied with the care that they received. One person said they were very happy living there and that it was very nice and much better than where they lived before. Another said she was happy living at the home. People spoken to during the site visit were very happy with regard to the quality of care offered within the service and the opportunities for personal development. They were very complimentary of the management and the staff.

Staff were involved with the day to day running of the service and engaged with everyone involved with the care and support of the people who use the service. The service had developed close working partnerships with other professionals and evidence of this was gained reviewing the care planning documentation and talking to staff.

Systems for quality assessment and improvement were in place. Information about peoples' experiences had been asked for and gathered in such a way to allow for monitoring of risks and the quality of care delivery. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Surveys were sent to people to gain their views and opinions and review meetings were held so people could air their views.

Regular audits and checks including, medication records, care plans and care records meant that any errors were picked up early so that people remained safe. There was a record of identified risks and issues with action plans in place where needed. However the provider may find it useful to note that there were no written reports of visits carried out by senior management to further evidence that the service provision was fully kept under review.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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