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Harbour House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 15 May 2017. The last inspection took place on 28 May 2015. The service was meeting the requirements of the regulations at that time.

Harbour House is a care home which offers care and support for up to 20 predominantly older people. At the time of the inspection there were 19 people living at the service. Some of these people were living with dementia.

People received their medicines as prescribed. People who self administered their own medicines had been assessed to ensure they were competent to do this. The records held relating to some medicines were not always accurate. We have made a recommendation about this in the report.

The service was comfortable, clean and well maintained. People's bedrooms were personalised to reflect people's individual tastes. There were no malodours at the service.

People told us they were treated with kindness, compassion and respect. Families were complimentary about the staff and management. Comments included, "Well feel truly blessed to have found this place" and "This place is fabulous, staff are wonderful." People were complimentary about the food and had recently requested an addition to the menu which had been provided.

Staff were supported by a system of induction, training, supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. Staff meetings were held regularly. These provided an opportunity for staff to air any concerns or suggestions they had regarding the running of the service.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People and visitors told us they felt there was always someone available to assist when needed. However, staff reported being "Hectic" and "Often still doing washes at midday." The service had a call bell system which recorded response times. This showed people did not have to wait more than a few minutes for assistance when required.

The service had recently started using an electronic records system. Care plans had been transferred on to the system over the two weeks prior to this inspection. Training had been provided to all staff. The paper copies of people's care plans remained available at the time of this inspection for reference during this transition period. Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. Some risk assessments still needed to be transferred on to the electronic system but the paper copies had been recently reviewed.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The

principles of the Deprivation of Liberty Safeguards were understood and applied correctly. The policies held by the service were appropriate and provided up to date guidance to staff. Appropriate applications had been made for authorisations which had not yet been assessed. People were support to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to meaningful activities. An activity co ordinator, who was shared with another service in the Anson Care group, arranged regular events for people. These included musical entertainment, arts and crafts. There was an opportunity for people to go out into the local community and meet up with people living at other services in the group.

The registered manager was supported by two deputy managers. There was regular contact from the operations managers and the provider. The registered manager worked at the service during the week and provided care as needed. They had a good rapport with the people living at the service, staff and families who visited. People were complimentary about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People received their medicines as prescribed. However, some records relating to medicines held at the service were not always accurate. We have made a recommendation about this.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. However, staff felt under pressure with the increased dependency of some people living at the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service and relatives and were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability at the service.

People and staff were asked for their views on the service.

Staff were supported by the management team.

Harbour House

Detailed findings

Background to this inspection

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

The inspection took place on 15 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the service. Not everyone we met who was living at Harbour House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with three care staff, the registered manager, the operations manager and the provider. We spoke with two visitors during the inspection and three families after the inspection.

We looked at care documentation for three people, medicines records for 19 people, two staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We reviewed the arrangements in place for the administration of medicines at the service. It was clear from the Medication Administration Records (MAR) people received their prescribed medicines at the appropriate times. There were no gaps in these records. People confirmed they received their medicines appropriately. One person was self-administering all their prescribed medicines. These were held securely in their bedroom and the service had assessed the person as safe to manage this independently. This assessment was regularly reviewed.

There were hand-written entries on the MAR. These were added by staff following information given by healthcare professionals about prescribed items for an individual that were not pre-printed on the MAR. It is best practice that handwritten entries should be signed and witnessed by two staff. The handwritten entries seen at this inspection had only been signed by one member of staff. This practice did not reduce the risk of potential errors. The registered manager assured us this issue would be monitored through regular audits in the future.

The service was holding medicines that required stricter controls by law. One person was receiving such medicines at the time of this inspection and these records tallied with the stock held. Two medicines were due to be returned to the pharmacy as they were no longer required. These two medicines were recorded in the CD record book correctly. However, they were also shown on a returns sheet as having been returned to pharmacy. The CD record book also showed a quantity of another controlled medicine as being held by the service which was not present. The registered manager told us this item had been returned. We checked the returns sheet for this item and it was not recorded as having been returned. The pharmacy confirmed this medicine had been returned. We judged this to be a recording issue.

The service held medicines that required cold storage. There was a locked medicine refrigerator at the service in a cupboard in a lounge. The service was not regularly recording the temperature of this refrigerator to ensure that any fault would be identified in a timely manner and the safe storage of items within could be assured. Records sheets were kept up to February 2017 but no recent records were found. We checked the temperature of this refrigerator and found it to be within safe limits. We were assured that daily minimum and maximum refrigerator temperatures would be recorded daily.

We recommend that the service follow reputable guidance such as NICE guidelines for managing medicines in care homes.

People and their families told us they felt it was safe at Harbour House. Everyone we spoke with felt secure living at the service and could raise any concerns with the staff or manager at any time.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistle-blowing and safeguarding policies and procedures. Staff had received training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets

displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

The service held the personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money managed by the registered manager. We checked the money held for three people against the records kept at the service and both tallied.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Care plans had been transferred to a new electronic system in the 10 days prior to this inspection. Staff had been provided with training on the new system. The service had added care plans to this system but some risk assessments were still to be added. The service was using the paper versions of such assessments at the time of this inspection for reference. Risks had been identified, assessed and were monitored.

We looked around the building and found the environment was clean and there were no unpleasant odours. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Harbour House was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. People and their relatives told us they never had to wait too long for a response to a call bell. Visitors told us they could always find a member of staff when needed. The service recorded call bell response times and these records showed people did not wait more than a few minutes for assistance when required.

The registered manager audited people's dependency in order to ensure sufficient numbers of staff were on each shift to meet people's needs. We saw from the staff rota there were two care staff in the morning and two in the afternoon supported by a manager on each shift. There were two staff who worked at night, one awake and one sleeping in on-call. Two people who were living at the service required two care staff for all personal care and moving and handling. Staff told us having two staff on each shift led to pressure when one member of staff was doing the medicine round and the other could be bathing a person. They told us it was not unusual to be still providing personal care for people right up to lunchtime in order to get everyone up. We discussed this with the registered manager and the operations manager who told us they were aware of this issue and had trialled extra staff on the morning shift but this had not achieved the outcome expected. We were assured the matter would remain under review.

Good

Is the service effective?

Our findings

People living at the service and their relatives were happy with the care and support they received. Some people were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

Following the inspection we spoke with two families of people living at the service. Comments included, "They (staff) are fantastic" and "It is the best home around."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "We get training all the time here, it is good."

The registered manager held records which showed staff were provided with mandatory training and regular updates. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and stroke care. Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff told us the registered manager was very supportive.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

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 Act 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 take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had ensured that people had their mental capacity assessed and had applied appropriately for a Deprivation of Liberty Authorisation for some people and were waiting for these to be assessed. There were no authorisations in place at the time of this inspection.

Staff had some understanding of the MCA and DoLS and told us how they ensured that the human rights of

all the people using the service were being protected. Training had been provided to most staff and the service held an appropriate and up to date policy to guide staff on this legislation.

Food was cooked freshly on the premises. We observed the lunch period in the dining room at the service. The food looked appetising and people told us they enjoyed the food. Relatives were complimentary about the food they shared with family members when they visited.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. There was a four week meal plan that had been recently amended to take account of a specific request from people to have bubble and squeak.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. The service monitored people's intake for a few days before taking any necessary action such as referring to a dietician or providing high calorie supplements. People's weights were checked monthly to ensure any changes would be identified.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

People and families were very positive about the care and support provided at Harbour House. Comments included, "The place is wonderful, well maintained and everyone is very supportive" and "The staff are so kind it's lovely, there are some really lovely staff who are just great with mum."

We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly. People moved freely around the service as they pleased with some going out into the local area.

Staff provided care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff knew people who lived at the service well and knew their individual preferences regarding how they wished their care to be provided.

People's dignity and privacy was respected. Care was provided behind closed doors and staff knocked before entering people's bedrooms. Some people preferred to have their doors closed when they were in their rooms and this was respected.

The service laundered people's clothes on the premises. We found all the equipment to be in good working order at the time of this inspection. There had been some concerns raised about people's clothing not always being returned from the laundry. The service had taken time to help families to name all items of clothing as this helped ensure clothing was safely returned. We found a small amount of unnamed clothing in the laundry. Staff told us they usually recognised individuals clothing and invited families to check the laundry if needed.

The service used a key worker system where individual members of staff took on a leadership role acting as their advocate within the service and communicating with health professionals and relatives. One person proudly showed us the Christmas present they had been bought by their key worker. The key worker had asked to borrow a photograph of their loved one and this had been transposed on to a cushion cover which was given pride of place on their bed. The person was very touched by the personalised present and the thought that had been given to it.

People's life histories were documented in some care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

Bedrooms were decorated and furnished to reflect people's personal tastes. One person's room was full of their choice of brightly coloured possessions, they felt it was particularly important to have things around them which were reminiscent of their past.

Relatives told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were cared for well at Harbour House. Hand massage and manicures were provided for the women who wished to have this done.

People and their families were encouraged to be involved in decisions about the care of their family members. Families told us they knew about the care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The service had held residents meetings where people were asked for their views and experiences of living at the service. From these meetings changes took place such as menu choices. This meant the service was listening to the people who lived at the service.

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One regular visitor told me, "I come most days and I cannot tell you how pleased I am with this place, they are all so kind and it is easy to speak with them."

The care plans on the electronic system were detailed and informative with clear guidance for staff on how to support people well. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The system made it easy for staff to find what information they required. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. There was no process for people, or their representatives if appropriate, to sign the electronic care plan in agreement with the content at each review. The registered manager and operations manager were aware of this issue and were working with the company that provided the system to add this option. The possibility of keeping paper consent forms, along with other documents that did not lend themselves easily to electronic systems such as Treatment Escalation Plans (TEPs) and DoLS applications/authorisations was discussed. The registered manager assured us people and their representatives were involved in care plan reviews. Care plans were regularly reviewed to take account of any changes in people's needs.

Care plans were individualised including people's preferences and dislikes. For example, one care plan stated that the person did not like to have their hair washed when being bathed, but preferred to wait for the hairdresser. Another person liked to have their bedroom door open at all times as they were claustrophobic.

Daily notes were consistently recorded by staff on electronic hand held tablets. These records enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their needs monitored to help ensure staff would be quickly aware if there was any change which might lead to a change in how their care was delivered. For example, staff checked people's skin for redness or marks which might indicate the beginnings of pressure damage. We were told by the registered manager that all the people who used a pressure relieving mattress should have daily skin checks carried out by staff. There were four people using these mattresses. One person no longer required checks as they were out of bed most of the day. We found one person had their skin checks recorded at the time of this inspection. We judged there was no impact on other people who did not have these records as there was no skin damage. The mattresses were checked daily to ensure they were set correctly for the person using them.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A handover record was

completed to enable staff to refer to this information later in the shift if necessary. This helped ensure there was a good communication of information between shifts.

People had access to a range of activities both within the service and outside. An activities co-ordinator was shared with another service in the Anson Care group. There was an organised programme of events including visits from entertainers. Some people were able to enjoy trips out in to the local area. Some people went out independently to the local shops. The service had well maintained outside areas for people to enjoy. The registered manager had held a party for their wedding anniversary and planned another for their birthday. We were told, "The residents love a party."

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on these people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided. People told us they had not had any reason to complain. Relatives told us that when they had raised any issues, the registered manager had responded quickly and resolved the matter.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. The service did have a registered manager in post.

People, relatives and staff told us the registered manager was very approachable and easy to speak with. Comments included, "She (the manager) really goes above and beyond, when staff call in sick at short notice, she just stays on, no problem" and "She (the manager) is great, just sorts everything." Staff told us they felt well supported through supervision and regular staff meetings. Staff meetings took place regularly and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a two deputy managers and a team of motivated care staff. The operations manager and the provider met with the registered manager regularly.

The registered manager worked in the service during the week providing care and supporting staff. This meant they were aware of the culture of the service at all times. Good communication between management and staff helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, the dependency of the people living at the service and medicines.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a maintenance person, who was shared with other services in the group. They had responsibility for the maintenance and auditing of the premises. Staff used a faults book to report any issues that needed attention. We checked this book and all faults had been ticked when dealt with.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire training.