

Harbour Care (UK) Limited

Coral House

Inspection report

15 Alder Hills
Poole
Dorset
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Tel: 01202710531

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Ratings

Overall rating for this service

Inadequate 

Is the service responsive?

Good 

Summary of findings

Overall summary

Coral House is a care home for up to seven people with learning disabilities in Poole. The home comprises of two separate houses next door to each other. They have separate entrances but access to the other houses can be gained through a locked side gate. At the time of the inspection five people lived in Coral House 1 and one person lived in Coral House 2.

There was no registered manager in post at the time of the inspection. The acting manager started work at Coral House in May 2017 and was planning to submit their application to be registered. 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.

This inspection was unannounced and took place on 20 June 2017. At the last inspection in March 2017 the service was not meeting the requirements of the regulations and CQC took enforcement action. The 'Is the service Responsive?' question was rated as 'Requires improvement' and we issued a warning notice in relation to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This focused inspection was carried out to review the actions taken to address this shortfall.

At this inspection we found that the service was meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because of the significant improvements in people's experiences the 'Is the service Responsive?' question has been reviewed and is now rated as 'Good'.

The overall rating for Coral House remains as 'Inadequate'. This is because the 'Is the service safe?', 'Is the service effective?', and 'Is the service well led?' questions were rated as Inadequate at the last inspection. The provider has an action plan in place to address the shortfalls identified at the last inspection and we will undertake a comprehensive inspection to fully review Coral House at a later date.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

There was an effective complaints procedure in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service had improved and people now received responsive care and support.

There was an effective complaints procedure in place.

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 was planned to check whether the provider was 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 was unannounced and was carried out by one inspector on 21 June 2017.

During the inspection we Makaton signed and or spoke with three people. We reviewed aspects of three people's care and support records to establish the quality of care they received. We also spoke with the acting manager, the provider's quality improvement lead and three other members of staff.

We spoke with one person's relative who was visiting their family member, a visiting consultant psychiatrist and learning disability nurse during the inspection.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority safeguarding team, commissioners and the CCG (Clinical Commissioning Group).

Following the inspection the acting manager and quality improvement lead sent us updated action plans for the service.

Is the service responsive?

Our findings

At our last inspection in March 2017 we found people's needs were not reassessed when their circumstances changed and care plans were not updated or did not include all the information staff needed to be able to care for people. Action was not taken in response to risks or changes in people's needs such as contacting the health and social care professionals involved with people. Some people's health care needs were not always met because the healthcare they needed was not arranged, followed up or delivered.

At this inspection people we spoke with and observed received responsive care and support that met their needs. People told us staff had asked them about important things and how they wanted to be cared for and supported.

Staff who knew people well had been consulted and involved in the development of people's care plans. For example, the new acting manager and quality improvement lead had worked with both the person and staff to understand what their day to experiences of their life was like. Staff had worked together to develop a plan of support that acknowledged all the person's complex needs. They had developed consistent approaches to supporting the person that always included how staff could encourage the person to participate and take control of their life at the home. This had started to have a positive impact on the person, they were going out every day with staff and their health and weight had improved. Staff told us this piece of work had been useful and they all now understood what the person was feeling and how they perceived the world. The plan gave them an easy to follow guide as how they should interact with the person to meet their needs.

During the inspection the person requested to accompany one of the other people in the house on the spur of the moment and they previously would not have done so. The person and the quality improvement lead told us that the person wanted different things in their life the staff had spent time involving them in setting some short terms goals. Again, this was the first time this person had actively participated in making these sorts of decisions.

Another person's relative told us the care and support their family member received had improved. This included that the person was now having regular showers and having the personal care they needed. The relative told us the person's and their relationship with their key worker was good and this had resulted in the person being more accepting of support. Their care plan had been reviewed and updated to include how staff needed to approach and support the person to encourage them to accept support and do to things for themselves. The relative told us there were still some areas for improvement but they felt the acting manager was very responsive. They said the acting manager was addressing shortfalls in their family member's care, support and environment they had been raising with previous managers over the years. This was an improvement.

A third person's care plan had been updated since the last inspection and reflected their needs. For example, the plan now detailed how the person communicated using objects of reference, photographs and communication board with pictures on. The plan gave staff clear direction as to how to support the person

to make choices by only giving them two things to choose from by using Picture Exchange Communication Symbols (PECS). The person's positive behaviour support plan was still being developed and the provider's positive behaviour support team were working with the person and staff to identify the least restrictive ways of supporting the person to live a full and active life. This was a significant improvement from the last inspection.

We observed improved interactions and involvement between people and staff. Staff were relaxed with people and giving them choices and encouraging their independence in aspects of their day to day lives. This resulted in people choosing to interact and participate in things with staff. For example, one person played a game with staff laughed with them and helped with putting their washing away.

People had been consulted about who they wanted their key workers to be. The acting manager had written to people using simple words and pictures asking people who their first and second preferences were. Two people told us they were happy with their key workers and that they had chosen them.

The acting manager and quality lead acknowledged that staff did not yet have the skills needed to encourage communication with one person who used Makaton (a type of sign language). They had booked Makaton training for staff in August 2017. The person's relative told us this was an improvement as they had been raising the lack of staff's knowledge of Makaton as an issue for many years.

Health professionals told us things were improving at Coral House and the acting manager had proactively engaged with professionals involved with people. They staff and acting manager had acted on any guidance given and they were giving the professionals involved with people regular updates. This was a significant improvement and meant that people were receiving any specialist guidance and support from health and social care professionals.

People told us and we saw from records that people were now receiving the health care they needed. People had seen the dentist, GPs, dieticians, psychiatrists, occupational therapist, opticians, and had hearing tests since the last inspection. Staff had responded to any changes in people's physical and mental health needs and made appropriate referrals to professionals.

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.

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. For example, one person's vocalisations would become high pitched; they would become withdrawn and not engage with others.

Following our last inspection we were contacted by a relative of a person who had previously lived at Coral House. They raised multiple concerns about the care, support and treatment their family member had received whilst they lived at the home. The provider's quality improvement lead was near completion of their investigations into the complaint. They had kept the person's relative updated as required by their policy. We saw a draft response to the person's relative which covered all of areas identified. The quality improvement lead planned to meet with them in person to give the outcome of their findings.