

Mr J R Anson & Mrs M A Anson

Harbour Home Care

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

About the service: Harbour Home Care is a domiciliary care agency that provides personal care to people living in their own homes as well as supporting people to access community activities from residential care settings. When we inspected they were providing the regulated activity, personal care, to 15 people in and around the Redruth and Camborne areas.

People's experience of using this service:

- Staff had built positive caring relationships with people they supported and their families. People received personalised care that was responsive to their needs and preferences. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.
- Staffing levels were sufficient to meet people's needs and staff had the right skills and support to deliver high quality care and support.
- Risk assessments were in place to support people to take positive risks and remain safe. Staff understood how to safeguard people from abuse.
- People were supported 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.
- Staff were recruited in a safe way. There were enough staff to meet people's current needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.
- Staff liaised with other health care professionals to ensure people's safety and meet their health needs.
- The registered manager and management team used a variety of methods to assess and monitor the quality of the service. These included staff meetings, spot checks, auditing of the service and surveys to seek people's views about the service provided.

Rating at last inspection: This was the first inspection since change in registration and company status.

Why we inspected: This was a planned inspection. At this inspection we rated the service Good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

Harbour Home Care

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Harbour Home Care is a domiciliary care service. Staff deliver personal care support to people living in their own homes and support people to access community services from their residential care settings. The service is registered to provide services to both younger and older people who have learning or physical disabilities, people who are living with dementia and people who have sensory impairments and/or physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

We visited the service on the 1 March 2019 and looked at records. We visited one person in their own home. Following the visit, we spoke with eight people over the telephone who used the service and gained feedback through emails from three staff members.

What we did: The provider had not received the 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 other information that we held about the service such as notifications.

These are events that happen in the service that the provider is required to tell us about.

We looked at the care and medicine records of two people who used the service. We also examined records in relation to the management of the service including two staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and reviewed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff worked with the same people so they were familiar with their needs and plans to manage risk.
- Staff understood how to reduce the risk of avoidable harm to people.
- Without exception people told us they felt safe with the staff supporting them. They said, "I feel very safe. The carers all know what they are doing and they are lovely, I couldn't fault them," "Yes most definitely, I know I am safe because they always have their uniform on and I get a schedule so I know who is coming" and "Yes they are absolutely wonderful, professional and polite. They have the key code so they let themselves in but they always call out so I know who is here."

Staffing and recruitment

- People told us they received care in a timely way.
- Staffing levels matched each person's requirements and sickness and staff leave was managed between the team to maintain continuity of care.
- Staff had been recruited safely. Pre-employment checks had been carried out including reference checks from previous employers.

Learning lessons when things go wrong

- The registered manager took responsibility to review accidents and incidents. If accidents or incidents occurred, the registered manager was aware of their responsibility to review it so that lessons could be learnt to reduce the risk of similar incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- New staff received safeguarding training as part of the induction process. This was refreshed regularly.

Using medicines safely

- Some people needed prompts to remind them to take their medicines.
- People told us they were satisfied with the support they received to take their medicines. One person said, "They [staff] are very good at reminding me to take my tablets."
- People or their relatives took responsibility to order and manage their own medicines. Staff worked

closely with people to ensure medicine systems were managed safely and to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff always had enough protective equipment to support them when delivering personal care.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they began using the service to identify the necessary level of support.
- Care plans showed expected outcomes were identified and ensured promoting people's independence was a priority.
- Care plans detailed times and tasks required when visiting people's homes. They were reviewed and updated when circumstances changed.
- People told us that carers provided the support they needed in an unrushed manner. Comments included, "They are very gentle, respectful and always check if they are doing it the way I like it done."
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.

Staff support: induction, training, skills and experience

- People received effective care and treatment from knowledgeable and skilled staff who had the relevant qualifications to meet their needs. One person said, "They know what they are doing when they help me with money and shopping, most definitely."
- The registered manager strengthened staff experience and support through supervision and regular spot checks. Staff told us they felt supported in their roles and sometimes worked with the registered manager.
- Formal supervision was used to discuss individual training needs. The service used external organisations to deliver staff training.

Supporting people to live healthier lives, access healthcare services and support

- People were reminded or supported to access health services including GP visits. and other health appointments.
- People told us that staff were vigilant in ensuring they took their prescribed medicines on time and always asked about their wellbeing during visits. One person told us, "They make sure I'm taking my tablets when I should."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 to receive care and treatment with appropriate legal authority.

- People were supported by staff that knew the principles of The MCA.
- People were asked for their consent before they received any care and support. Staff involved people in decisions about their care and acted in accordance with their wishes. For example, a person told us "They don't just do things they always ask if it's OK first."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported by staff to maintain good nutrition and hydration.
- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People told us they were happy with the support they received with their meal preparation.

Adapting service, design, decoration to meet people's need.

- The main office was adapted to allow visitors to be able to access the main office more easily.
- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed if required.
- Staff worked with other agencies to provide consistent, effective, timely care.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us staff were kind, respectful and sensitive to their needs. For example, we received only positive responses about the attitude and performance of staff they included, "They are lovely, I can't fault any of them and every time they come they ask if they can do anything else before they go," and "The carers are very caring, and kind and very sensitive."
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- Care records showed planning was personalised and focused on retaining and promoting people's independence.
- Care planning records showed consideration was given to people's diverse needs and cultures.
- People consistently told us staff were very caring. Comments included, They send me a schedule so I know who is coming and I know them so I look forward to seeing them now," "I generally get the same carers and that's brilliant because they know how I like things done" and "It's lovely to see familiar, friendly faces."

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records included information about people's preferences and where possible about their backgrounds.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed and respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.

Supporting people to express their views and be involved in making decisions about their care

- Records contained information about people's current needs as well as their wishes and preferences.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.
- People were supported to be involved in their care planning and review. Also, what support was required to maintain and promote their independence within their own home.

Is the service responsive?

Our findings

Responsive – This means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Harbour Home Care staff and the management team provided care and support that was focused on individual needs, choices and routines of people they supported. People who used the agency told us the staff were very flexible. For example, times could be changed when appointments were needed. When people were not well alternative support was considered. One person told us staff were flexible and made every effort to support them at different times. "They are very flexible. They explained, If I need to change something; say at weekends or because of a hospital appointment, they will always accommodate it. They are extremely good."
- Care was personalised and centred on the individual. For example, details in care records highlighted how people wanted to spend their time and what their interests were and choices they preferred.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints and were confident these would be listened to and acted upon in an open and transparent way.
- Some people expressed their dissatisfaction with late calls but had not raised their concerns formally using the services complaints procedure.
- The procedure for raising a concern or complaint was clear. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

End of life care and support

- The service had been commended for the level of care and support the staff and manager had provided while supporting a person at the end of their life. The family had said, "You made a real difference to [person's name] life and for that I thank you, particularly in their last few days as I know you all made sure [person] was comfortable and not distressed in any way. This really puts my mind at ease".
- The registered manager of Harbour Home care was attending training in end of life care in the community. They were passionate about supporting staff in this area and were planning training sessions for all staff to support them in this topic.
- Where staff supported people approaching the end of their life they worked closely with other professionals to ensure they had a dignified end to their lives.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- The registered manager was very much involved in the day to day running of the service including supporting staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received a consistent level of quality care.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was good communication maintained between the registered manager and staff.
- Staff felt respected, valued and supported and that they were fairly treated.

Planning and promoting person-centred, high-quality care and support with openness understanding and acting on their duty of candour responsibility

- The registered manager clearly understood the needs of people they supported and demonstrated a good understanding of their likes and preferences.
- Staff told us they had general confidence in the management of the service and would not hesitate to report any concerns.
- The provider/registered manager understood their role and responsibilities in ensuring they were open and transparent when things went wrong.
- People and staff expressed confidence in the management team. The ethos of the service was to be open, transparent and honest. The registered manager worked alongside staff and led by example. One person said, "Staff are positive about the Agency so I think that speaks volumes about the company, or they would all be moaning wouldn't they."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems and procedures in place to monitor and assess the quality of their service. There had been an external quality review. The results of this review were positive. People were very satisfied with the service they received.
- Regular team meetings and spot checks provided staff with an opportunity to share any ideas, or raise any issues about the service.
- People told us felt confident to comment on any concerns they may have and feed this back to the registered manager. One person said "I did a survey at Christmas time". People told us they could simply

pick up the phone or speak with care staff if there was something they wanted to discuss or change.

Continuous learning and improving care

- The provider/registered manager was keen to ensure a culture of continuous learning and improvement.
- The registered manager completed a range of quality audits to ensure they provided an efficient service and constantly monitored the agency. This demonstrated improvements could be made to develop the service for people.

Working in partnership with others

- The registered manager had forged good links with key organisations for the benefit of the service to aid service development.