

Mr J R Anson & Mrs M A Anson

Harbour Home Care

Inspection report

Cardrew House
Cardrew Way
Redruth
Cornwall
TR15 1SP

Tel: 01209708688

Date of inspection visit:
26 September 2017

Date of publication:
09 November 2017

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

Harbour Home Care is a community service that provides care and support to people in their own homes. The service also provide additional support to three people who live in residential care homes. The service provides help with people's personal care needs, meal preparation, shopping and housework. Staff also support people to access the local community and enjoy activities of their choice. The service covers the Redruth, Camborne and Pool area.

The service mainly provides care and support for people at key times of the day to help people get up in the morning, provide support at mealtimes, and help people to go to bed at night. Staff also support people out in to the local area, carry out light housework and shopping tasks.

At the time of this inspection 13 people were receiving a service. These services were funded either privately or through Cornwall Council funding.

We carried out this announced inspection on the 26 September 2017. This inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last comprehensive inspection on 9 September 2015 the service was meeting the requirements of the regulations. The service was rated as 'Good'. The service was found to remain 'Good' at this inspection.

People were treated with kindness and respect by staff. People told us, "They are all very nice kind caring people I look forward to them coming" and "They are all very kind and we have a laugh, cheers me up." People were asked how they would like their care to be provided. For example, some people preferred to have only female care staff to carry out their personal care, and this was clearly recorded and respected.

Families told us, "They introduced her to knitting, they sometimes bring her home made jam, she looks forward to them coming" and "When mum went into hospital they visited her and held her place for her care, we reviewed it and it restarted when she came out" The management of the service was reported to be effective. Comments included, "We have regular contact with the co ordinator the communication is good they will call me if there are any changes to the rota" and "They have never missed coming, the times can vary but I don't mind that I know they will always arrive."

People were supported by staff who knew how to recognise abuse and how to respond appropriately to concerns. The service held an appropriate safeguarding adults policy which provided information and guidance for staff. The management team monitored staff training and provided them with regular update training in relation to safeguarding adults.

Risks were identified and assessed for staff to provide support to people in their own homes. The assessments related to all aspects of people's daily lives and were assessed and planned for to minimise the risk of harm. People's care plans held risk assessments which directed staff on how to reduce identified risks

whilst supporting people to remain as independent as possible. However, two people who lived in a residential care home and were supported to go out in to the community with staff, did not have all the necessary risk assessments to support them when travelling in cars and moving around out in the local area. The management team assured us this would be immediately addressed.

Staff were supported by a system of induction training, observations and appraisals. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. One staff meeting had been held in June 2017. Formal staff meetings were not held regularly but staff had easy access to support should they need it. Staff met up with the management team weekly at the office, to collect rotas and personal protective equipment such as gloves and aprons. Staff told us, "I am very happy, it is a good team, we do a good job" and "I can always get support when I need it, they (management) always answer the phone and even come right out to help if needed out of hours."

Recruitment processes were robust. References were taken up and Disclosure and Barring Checks (DBS) carried out. This helped ensure staff were safe to support vulnerable people and work alone in people's homes. The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no vacancies at the time of this inspection. However, the registered manager and deputy manager had given notice of leaving shortly after this inspection. The provider assured us that the management arrangements for the service during the period before new management could be appointed was robust.

The service held an appropriate Mental Capacity Act 2005 (MCA) policy. People's rights were protected because staff acted in accordance with the MCA. The associated Deprivation of Liberty Safeguards policy held at the service did not contain information for staff about the process for referring a person to the Court of Protection should they be found to be restricted in their own homes. We were assured by the provider this would be addressed immediately.

Care plans were well organised and contained clear, accurate and up to date information. Care plans were reviewed regularly and people's changing needs recorded. People, and where appropriate relatives, were included in their own reviews. People were asked to sign in agreement with their own care plan where they were able to do so.

The registered manager was also the registered manager for another residential service in the Anson Care group. Whilst the registered manager had overall responsibility for the running of the service they worked in the Harbour Home care service for one day a week. The day to day management of the service was mainly carried out by the deputy manager, supported by a senior carer and a motivated team of carers. The provider's management team was also available to support the service.

There were quality assurance systems in place. People were asked for their views in a formal survey earlier in 2017. Responses were very positive from people who were pleased with the service they received. The deputy manager visited people in their own homes regularly to seek their views and experiences of the service. They also observed staff competencies, and provided direct care and support to people. This meant they were aware of the culture of the service at all times.

People commented, "They (staff) are nicely on time, polite, well dressed and respectful people," "I just can't think of anything they could do better" and "The manager comes out sometimes and does my care, she chats about everything and makes sure all is ok."

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Harbour Home Care

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 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. This announced inspection took place on 26 September 2017. The 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 this type of service provision. People who received a service from Harbour Home care were sent questionnaires prior to this inspection. The expert by experience called seven people who received a service and two families prior to this inspection. Before the inspection the service was sent 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 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. During the office inspection visit we spoke with the registered manager, the deputy manager, a senior carer, the quality assurance manager, and both providers. We looked at care documentation for five people who received a service from Harbour Home Care, five staff files, training records and other records relating to the management of the service. Following the inspection we spoke with one carer worker and one healthcare professional.

Is the service safe?

Our findings

People and their families told us they felt it was safe using the service. Comments included, "Oh yes I feel safe with my carers, they are lovely," "Mum knows who is coming, they bring her a rota and it has their names and a photo of them for each shift" and "They give me my tablets and make sure I take them." People told us they felt confident to be able to report any safeguarding concerns they may have. Information was provided to people to contact the local social services or the Care Quality Commission should they wish to raise any issues. Staff safeguarding training was regularly updated. Staff were aware of the whistleblowing and safeguarding policies and procedures which were held at the service. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were confident any concerns would be acted upon effectively. People who used the service were asked for their views by management about if they felt safe using the service. This meant people were safeguarded from the risk of abuse. The service had not needed to raise any concerns to the local safeguarding unit for investigation.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time. For example, if there were pets present.

Two people, who lived in a care home, were regularly supported by Harbour Home care staff to go out in a car and access the local area. These two people both had dementia. Their care files did not contain assessments that addressed the potential risks of them being a passenger in a car and walking around out in the community. For example, the possibility of absconding. The provider assured us this would be addressed immediately.

The deputy manager told us there had been no reported accidents or incidents in 2017. Staff were aware of the reporting process relating to incidents that took place. We saw a report in one person's file from 2016 which had been appropriately completed by staff.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. There were no vacancies at the time of this inspection. However, the registered manager and deputy manager had given in their notice. The registered manager wished to focus all their time on their other registered manager position, at one of the groups care homes. The provider assured us that suitable management cover arrangements for the service had been planned and were robust. Recruitment had begun and interviews were planned for later in the week of this inspection.

A member of the management team was on call outside of office hours and held details of the rota,

telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits, or if duties needed to be re-arranged due to staff absence. Each person's care file contained telephone numbers for the service office and the out of hours number.

The service produced a rota each week for staff and people, which showed details of the times of peoples required visits and who would be covering them. People were provided with a photograph of each carer to help them to recognise them easily. The rota clearly showed there was travelling time added. This meant staff could leave one visit and travel to the next at the expected time. Comments from people included, "We get a rota so I know who's coming I like that" and "They come on time and stay for the allotted time sometimes longer never rushed."

People told us they had a team of regular carers and their visits were mostly at the agreed times. Comments included, "Yes I have the same person unless she is on holiday and then they send someone else, if they are new they will introduce them first" and "I get mostly the same people, I like that it makes me feel safe with them as I build up a rapport, if they do send someone new they will always bring them round to introduce them first."

The service had recently reviewed their assessment of people's medicine needs. A new medication management plan had been created. People were been assessed and given a numbered level 1 – 4 which indicated exactly what level of support staff were required to provide. For example, level 1 indicated that the person was completely independent in taking their own medicines and staff were not required to provide any assistance. No medicine administration chart (MAR) was required for people on level 1. Level 4 indicated that full assistance was required by staff to administer prescribed medicines for the person as indicated on their MAR chart. Staff were provided with training in the safe management of medicines. This meant staff were provided with clear guidance and direction in how to manage people's medicines safely. People told us, "They give me my meds and wait until I have taken them" and "When they do their write up they write the name of the cream that they have used as she has two creams."

People's care records were accurate, complete, legible and contained details of people's current needs and wishes. A copy was held at the office of the service and in each person's home. Care plans were regularly updated.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan/medicine records was sent with them. Also when advice was sought from health care professionals such as GP's and district nurses. Healthcare professionals had no concerns about the service provided by Harbour Home Care.

Staff were able to access appropriate personal protective equipment (PPE) such as gloves and aprons. People told us this was used by staff appropriately to reduce cross infection risks.

The office of the service held an emergency plan which detailed the people who used the service and their level of dependence on the service. This meant the service knew who would need to be visited in the case of adverse weather. It held information about which people had family or friends who could support them in the event that care staff were unable to reach them. The service had routes that care staff could walk rather than drive in the event of snow and ice. There was a four by four vehicle available to staff to help them reach people who needed to be visited in such circumstances. This meant that people who depended on the service and required necessary care to be provided by staff would have their needs met.

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 provider also checked that staff insured their cars appropriately and were safe to use their cars for work purposes.

Harbour Home Care were not providing a service to anyone who required a hoist or moving and handling equipment at the time of this inspection. One hospital bed was being used in one person's home at the time of this inspection and this was hired from a local resource. This bed was regularly checked and serviced to ensure it was safe to use.

Is the service effective?

Our findings

People's need and choices were assessed prior to the service commencing. This helped ensure people's needs and expectations could be met by the service. The first visit was always carried out by a manager or senior carer to begin to draw up the person's care plan. People were asked how they would like their care to be provided. Comments included, "They made sure the house was safe for me and if I needed any equipment," "We communicate all the time regarding the care plan, sometimes the deputy comes to deliver care and we discuss any issues and the care plan is updated" and "I choose if I want a bath or a good wash it's up to me."

People and their families were positive about the care they received, comments included, "They will help her in the shower, it gives her confidence knowing they are close by but that she can have the independence to shower herself with help if needed" and "They are all well trained, I used to be a carer myself so I know what good care is and I have no complaints only praise"

Staff used technology to help ensure people who lived alone could raise the alarm if they needed help. For example, one care plan clearly directed staff to always ensure the person had their careline alarm with them before they left the house. Daily records clearly showed staff checked this each visit. This meant the person was always able to call for help if needed.

The management of the service held a record of all mandatory staff training that had been undertaken and when an update was required. Subjects such as moving and handling, first aid, food hygiene and medicine management were provided via electronic training packages and paper based courses. This helped ensure staff were provided with the knowledge and skills needed to meet people's needs. Staff and management 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 received annual appraisals. The management team also carried out joint visits to people's homes with care staff to observe their competence in meeting their support needs. Staff told us they felt well supported by the management team and were able to ask for additional support if they needed it. Comments included, "I am very happy, it is a good team, we do a good job" and "I can always get support when I need it, they (management) always answer the phone and even come right out to help if needed out of hours."

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 their policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff told us they had completed an induction and had shadowed other workers before they started to work on their own. The most recently recruited member of staff had not needed to undertake the Care Certificate as they were an experienced carer.

Some people required staff to get their shopping for them and provide their meals for them. People told us they mostly had ready prepared meals which the care staff heated for them. Comments included, "My

husband does my meals but if he's not able to they will do it for me, maybe an omelette or whatever I choose," "If the weather is ok I will go shopping with her, if I don't feel like it then she goes on her own, brings me the receipt and I pay her" and "I think they do my meals ...I am not sure but I will choose what I want."

Healthcare professionals were positive about the service provided by Harbour Home care. The service worked with healthcare professionals to ensure advice and guidance was provided to support staff with people whose health was declining. Comments included, "Recently they (staff) called me to let me know that a person's feet were very swollen and we discussed what action to take." Copies of people's care plans and prescribed medicines were shared with other agencies when people went in to hospital. Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by their relatives. Care staff were able to support people to attend medical appointments if necessary. Some people who received a service from Harbour Home care were suffering from long term conditions such as diabetes. This information was clear to staff and support was provided to people in managing their condition such as appropriate diet and monitoring. The local healthcare team such as the GP and the district nurses worked closely with the staff from the service in meeting people's healthcare needs.

Staff told us they asked people for their consent before delivering care and support and they respected their decisions. We saw people had been asked to sign their own care plans in agreement with the content. At each review the person was asked to sign the new care plan following a discussion about their care and support needs. One care plan clearly stated that the person wished to be cared for by only female care staff. This was respected by the service.

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.

The service held an appropriate policy to guide staff. Staff had received training on this legislation. Care plans showed that people's ability to make decisions for themselves had been considered. There was clear guidance for staff about each person's capacity to recall things and if they needed reminding in some cases. Where people had appointed a lasting power of attorney this was clearly recorded in the care file with the contact details of the appropriate person. No formal capacity assessments or best interest meetings had been required to be carried out for people receiving a service at the time of this inspection. The associated Deprivation of Liberty Safeguards (DoLS) policy held by the service did not contain information for staff regarding when and how to apply to the Court of Protection for restrictions placed upon a person in their own home to be authorised. The provider assured us this would be addressed immediately. Harbour Home care was not providing a service to anyone who required a formal capacity assessment or had any restrictions placed upon them at the time of this inspection.

We checked whether the service was working within the principles of the MCA. 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. People we spoke with confirmed this.

Is the service caring?

Our findings

People and relatives told us the staff were very kind and caring. Staff showed empathy and compassion for people. People told us they felt the staff listened and that the carers were interested in their lives and families. They felt respected and supported to live independently. Peoples comments included, "They are all very nice kind caring people I look forward to them coming," "They are lovely chatty girls all so kind to me," "They are all very kind and we have a laugh, cheers me up," "When mum wasn't well when they arrived they stayed with her until the paramedics arrived" and "They introduced her to knitting, they sometimes bring her home made jam, she looks forward to them coming."

People received care and support from the same care worker or team of care workers as much as possible. Staff knew people well. Comments included, "They sit down with mum when they can and talk about the family and mums hobbies" and "They are most excellent they (staff) do anything for me like read letters or help me to address envelopes." Staff involved people, and their families where appropriate, in their care and support. Staff had time to chat with people when they visited. No one reported feeling rushed. Staff confirmed they had sufficient time to do everything that the person needed and have a chat before travelling to the next visit. If people did not have any family or representatives the service took on the role of advocating for the person. This meant they would liaise with various agencies to arrange for things to take place such as additional equipment to be provided or extra visits to be provided to keep people safe.

The staff monitored any equipment which was in place to ensure it continued to meet people's needs. One care plan stated, "(person) likes quilt and blankets tucked under bar which keep mattress in place." We were told the 'bar' on this person's bed was found to need some attention by a maintenance person as it was not effectively staying in place. This had been resolved. This meant the service considered people's wishes and preferences when providing care and support.

People's dignity and privacy was respected. For example, one person's daily notes clearly showed they 'wished to shower alone but wished to have staff nearby should they need assistance.' Another care plan stated that the person 'must not be rushed' and 'given time' to complete tasks in their own time. Comments included, "They are always respectful, they close the door when giving me my personal care and when I am in the bath they will ask me what I need help with."

People's life histories were documented in their 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. They spoke about people respectfully and fondly. Staff told us they visited the same people regularly and got to know the whole family and their neighbours well. One commented, "Its like we are a big family."

Is the service responsive?

Our findings

People told us they felt the office staff were helpful when they needed to contact them. The deputy manager was seen regularly by people both to deliver care, to observe and support care staff and monitor care plans. People and their families told us they had no need to raise any concerns about the service and would recommend the service to other people. The service was flexible in accommodating people's needs. No missed visits were reported. Staff mostly arrived at the time expected and stayed for the agreed duration. Comments included, "We have regular contact with the co ordinator the communication is good they will call me if there are any changes to the rota," "I don't have any complaints and I can't think of anything I would change or they can do better" and "The office might ring if there is a change of carer, sometimes I call them to change something they respond well and we always sort something out."

People were visited before they started using the service to assess their needs and expectations. From this assessments care plans were developed. The first visit was always made by a manager or senior carer to ensure information gathered would be recorded in to the care plan.

Care plans contained clear, accurate and up to date information. They recorded details of each person's specific needs and how they liked to be supported. Staff were provided with clear guidance and direction about how to provide care and support that met people's needs and wishes. Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any observed changes to people's care and support needs. Daily care records were collected regularly from people's homes and returned to the office for checking and archiving.

Care plans were regularly reviewed to ensure they continued to meet people's current care and support needs. The service was not supporting anyone with complex care needs that required specialist equipment. No one needed to be cared for constantly in bed or required moving and handling equipment.

The service were not concerned about anyone's food and drink intake and so no specific care monitoring records were being kept by staff at the time of this inspection.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Staff used a communication book to write any specific information for the next carer to visit a person. For example if they were going to be attending an appointment at the time of a planned visit. Staff told us that communication was good between the staff, management and the people who used the service.

People and families were provided with information on how to raise any concerns they may have. Details of

the complaints procedure were contained in the file provided to people when they joined the service. There were clear contact details provided in all the care files for people to contact the service, the local social services and the Care Quality Commission should they wish to. People told us they had not had any reason to complain.

People's end of life wishes were seen in some care files. The deputy manager and quality assurance manager told us that the service aimed to keep people in their own homes when they reached the end of their life as far as possible. We were told this was not always possible due to the necessary specialist support and advice needed to support Harbour Home care staff not always being available.

Is the service well-led?

Our findings

People and their relatives told us the management team were helpful and easy to contact. Comments included, "When mum went into hospital they visited her and held her place for her care, we reviewed it and it restarted when she came out" and "I don't really deal with the office my husband does all that but I am pretty sure he finds them helpful with any queries he has or changes to make they seem responsive."

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 who was also registered manager for another care home in the group. They had given notice of their intention to leave this post and concentrate on their care home post. The deputy manager worked regularly alongside carer staff providing care and supporting staff. This meant they were aware of the culture of the service at all times. However, the deputy manager had also given notice of their intention to leave the service in the coming days. The provider assured us that the planned future management arrangements for the service were robust and that recruitment and interviews were already in process to replace the managers.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager, senior carer and a committed and motivated care staff team.

Staff told us they felt the service was well led and they felt it was easy to gain any assistance or support they may need at any time. The service was a small team of eight care staff providing for a small number of people. Staff received feedback from the managers when they joined them for an observed visit and at annual appraisals. The provider told us of their intention to expand the service a little in the future once the management positions were in place.

Staff told us they felt well supported by the deputy manager and office team. Staff were happy working for the service. There was no excessive unplanned absences of staff. One staff meeting had taken place in 2017. This meant that at the time of this inspection care staff were not regularly meeting up as a group to discuss working practices, the running of the service and future developments. We were assured that there were plans to hold staff meetings more regularly in the near future.

All record systems relevant to the running of the service were well organised and reviewed regularly. The service did not have a specific policy for staff to refer to should they not get a reply at a person's home for a planned visit. We were assured by the provider this would be addressed immediately. There were systems in place to monitor the quality of the service provided. Staff visited people in their homes to ask for their views and experiences of the service provided. Monitoring audits were carried out over a range of areas, such as

medicines management, care plans, recruitment files and daily records returned to the office.

A survey carried out in April 2017 gathered positive responses from people. People told us, "I would definitely recommend them I wouldn't change anything," "They are always helpful and listen to me" and "I came to Harbour on recommendation from a friend."