

Mr J R Anson & Mrs M A Anson

Harbour Home Care - 5 Jacquemand Ind Est.

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 

Overall summary

Harbour Home Care is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Portreath and surrounding areas of Cornwall. This includes people with physical disabilities and dementia care needs.

The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with

meals. Harbour Home care also provide periods of one to one outreach support to people who are living in residential homes. People are also supported to access their local community with shopping trips and other activities.

At the time of our inspection 22 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

Summary of findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 9 September 2015. We told the provider two days before that we would be coming. This was to ensure the registered manager would be available and we were able to access the premises and information relating to the running of the service.

The service was last inspected in December 2013 and was found to be meeting the regulations.

People we spoke with told us they felt safe using the service and told us; "I am very happy and feel perfectly safe" and "I find the staff absolutely trustworthy."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs. People told us; "They are marvellous," "They are a reliable agency" and "They are flexible, always work with me when I need to change a visit."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "I would recommend them highly" and "Can't fault them."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

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. Some people preferred to choose the gender of their carer and this was respected at all times by the agency.

Staff told us there was good communication with the management of the service. Staff said of management; "They are supportive" and "We get good training."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas for improvement, actions had been promptly taken to improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the service.

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.

Good



Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received supervision. However staff did not have annual appraisals.

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

Good



Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals 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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required action to be taken this was carried out.

People were asked for their views on the service. Staff were supported by the management team.

Good



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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.

The inspection took place on 9 September 2015. The inspection was carried out by one inspector. We told the provider two days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office.

Before the inspection we reviewed the 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.

Questionnaires had been sent out to people who used the service and staff who worked for the service prior to this inspection.

During the inspection we went to the provider's office and spoke with the provider, the registered manager, the deputy manager, and the operations manager. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the inspection we spoke with four people who used the service, two staff, five families and a healthcare professional on the telephone.

Is the service safe?

Our findings

People and their families told us they felt it was safe in the care of staff from Harbour Home Care. Comments included; “I am very happy and feel perfectly safe” and “I find the staff absolutely trustworthy.”

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 whistleblowing and safeguarding policies and procedures. The service displayed ‘Say no to abuse’ posters at the office which contained the contact details for the local authority safeguarding unit, should people wish to raise any concerns.

Staff had received training on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Assessments were carried out to identify any risks to people 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 and how many staff were required to support a person safely. Staff were provided with 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.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken following such events. Care files contained details of incidents which had taken place and we found these had been reported appropriately to the registered manager. However, these incidents reports were all held together in one file, rather than stored in the individuals care file once audited. The provider and the registered manager assured us this would be addressed immediately.

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. At the time of the inspection the service were recruiting staff. The

provider reported that recruitment was challenging and that very few applicants had been received. The service were not taking on any new packages of care until they had sufficient numbers of staff to meet their needs. There were a small group of staff who visited the same people regularly. This meant that wherever possible the same staff were used to help maintain a consistent service to people. People who used the service confirmed they mostly had regular familiar faces visiting them.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The provider told us the rosters were posted out to people who used the service if they had requested this. Some people appreciated having advance knowledge of who would be visiting them. Staff told us they had regular runs of work in specific areas and if travel time was needed this was allocated on their rota. We saw the rota for the week of this inspection and saw that travel time was built in to the staff visiting schedules where necessary.

People told us their visits were mostly at the agreed times. Relatives told us; “They have never let me down” and “They are excellent we consider ourselves very fortunate.”

A member of the management team was on call outside of office hours and carried details of the roster, 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 need to be re-arranged due to staff sickness. People were provided with the telephone numbers for the service, the local authority and the Care Quality Commission, so they could ring at any time should they have a query. People confirmed they were always able to contact someone if needed.

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.

Care records detailed whether people needed assistance with their medicines or that they took responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their

Is the service safe?

medicines. Six of the nine staff had received training in the administration of medicines. Most people who received a service from the agency had signed in agreement to administer their own medicines.

The service handled money for one person. The person regularly gave staff cash to purchase groceries for them and staff would return with the receipt and the change. We spoke with the family for this person who told us; “I regularly check the amount of cash (the person) has in the

house, I have been there when the staff have been handed cash and then returned with the shopping and handed over the change and receipt. I find them completely trustworthy and have no concerns at all about the management of (the person’s) money.” The service did not audit these records. However, the provider assured us this would be done immediately to ensure the person’s money was handled safely and accurately at all times.

Is the service effective?

Our findings

People received care from staff who knew them well, and this helped them to meet their needs. People and their relatives spoke well of staff, comments included; “They are incredibly supportive” and “The slightly older carers are superb, very cheerful and pleasant.”

Staff completed an induction when they commenced employment. The service had begun to introduce a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the organisation’s policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. New staff confirmed to us they found the induction period supportive.

One new member of staff, who had not yet completed their moving and handling training, was visiting a person who required moving and handling equipment to be used during their care. We asked the provider about this. We were told the new staff member had been shown how to use the equipment and then observed using it under the supervision of a senior experienced member of staff who had been trained. We spoke with the experienced member of staff who had assessed them as competent to use the equipment. They confirmed this was the case. We were assured the new member of staff was always supported by another member of staff when providing care to this person, who required two carers to meet their needs safely. The provider agreed that the competency assessment of this new member of staff should have been recorded in their file, and assured us this would be done immediately. The new member of staff confirmed they had been shown and then observed using moving and handling equipment, and they had not done moving and handling unsupervised. Training had been booked for moving and handling training to be attended.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The service was planning for all staff to complete the Care Certificate, rather than just newly employed staff. The provider told us this was an effective way of updating staff skills and competency. No staff working for Harbour Home

Care had attended Health and Safety training. However, we saw in people’s files and were told of instances when risks to staff and people who used the service had been identified, reported in a timely manner and addressed to help reduce the risks. This meant that staff were aware of Health and Safety issues and reported them appropriately. The provider was advised that Skills for Care recommend annual Health and Safety training as best practice.

There was a programme to help ensure staff received relevant training and refresher training was arranged for some staff. The record held by the provider, containing the details of training undertaken by all staff, was updated during the inspection and sent to the inspector after the inspection. The service provided training in a range of formats. Some training was face to face, others were electronic learning packages or paper based modules which were sent to be marked externally. The provider told us one member of staff, who was soon to take the role of a deputy manager, was qualified to provide training and would be supporting the programme of updates for all staff.

Staff received supervision from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. No appraisals had been carried out for staff at Harbour Home Care. The registered manager had been in post since July 2015 and had subsequently had a period of sickness. Now back at work the registered manager assured us a programme of appraisals would be set up.

Staff told us they attended staff meetings which they found helpful. We saw the minutes of the last three meetings which recorded who had attended and what had been discussed. The meetings were an opportunity for information to be shared and issues discussed relating to the running of the service.

Most people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The service worked closely with staff at the residential care services to which they provided outreach support, and liaised with the community nurses and GP’s as needed.

Is the service effective?

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made snacks as requested. Some meals were provided to people in their homes from nearby residential care services. We were told of one person who liked to have fish and chips or pasties bought in and this was provided by staff.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choices. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes to have a specific gender of carer. Two people

specifically requested their carers be a specific gender, and they told us the service respected this wish at all times. Care records showed that people, or their families, had signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care if appropriate. Staff had received training in the MCA/DOLS. There was a current MCA policy available for care workers at the office of the agency.

Is the service caring?

Our findings

People received care, as much as possible, from the same member of staff or team of staff. People and their relatives told us they were happy with all of the carers and got on well with them. People said; “I could not ask for a nicer person to come” and “They always respect (the person’s) privacy and dignity.” A healthcare professional told us; “They (staff) are a reliable good agency.” People told us they had never been missed or let down by the agency and that staff visited at the agreed and preferred time. One family member stated; “Dignity and care were provided at the end of life.”

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff had regular visits to the same people, which meant they knew people and their needs well.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left.

Relatives told us that staff always asked how they were and supported them with practical and emotional support where they could. One relative told us; “They (staff) were incredibly supportive of us as well as (the person).”

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. One relative told us; “We are very happy”. One person told us; “If I need to change the arrangements or a visit time or day, it is no problem, they take it all on board, no problem.”

Care plans detailed how people wished to be addressed and people told us staff spoke to them using their preferred name.

Is the service responsive?

Our findings

Sometimes the service was called upon to provide short notice support to people in their own homes to help keep them safe until they were able to move to a residential care home setting. However, most packages of care were planned in advance and the service was provided with information relating to the person's needs prior to providing care visits. Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked for their agreement on how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and their preferences. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. For example, informing staff of the colour of the flannel to be used when washing areas of the body and how to position the person for this to be done safely and comfortably. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plan that related to the visit they were completing and understand their specific care needs. People's care plans also included information about their past lives. This gave staff useful information about people's backgrounds and interests to help them understand the individual's current care needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff completed daily records which detailed the care and support provided and information

about how the person presented. We saw these daily records were returned to the office of the agency for checking and filing on a regular basis. This helped ensure the management were aware of the care being provided.

Specific information relating to individuals' care and equipment needs were seen in people's care files. For example, a detailed information sheet relating to the bed rails which were required by one person to enable them to turn over in bed easily, were found in the person's file. This meant staff supported with relevant information about best practice.

The service was flexible and responded to people's needs. People told us; "They are marvellous" and "They are flexible, always work with me when I need to change a visit." Relatives told us; "They (the staff) are very helpful" and "They (the staff) always call me when it is needed." The provider told us of an occasion when staff had been unable to gain access to a person's property to provide support but could see the person had fallen inside. Staff took immediate appropriate action, called the emergency services and gained access to provide urgent assistance to the person who required hospitalisation.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were provided in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. One person told us: "They (the service) are open to suggestions, they take it on board and work with me."

The service had not recorded any formal complaints. The provider confirmed a concern had been received a few months prior to this inspection. The concern had also been raised with the Care Quality Commission and the Local Authority. The provider had records of how the concern had been investigated and responded to. We were told the matter had been resolved.

Harbour Home Care received compliments regularly and a file of these was kept at the service. One recent compliment said the service was "compassionate" and provided "stunning levels of care."

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service. The owner worked in the service's office, working closely with the registered manager in the day to day managing of the service.

Staff told us there was good communication with the management of the service. Staff said management were supportive and approachable.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. We saw information was shared via an on-call communication book.

The provider monitored the quality of the service provided by regularly speaking with people to help ensure they were happy with the service they received. People and their families told us the management team were very

approachable and they were included in decisions about any changes to their service. People told us someone from the office rang and visited them to ask about their views of the service and review the care and support provided.

People were asked for their views on the service and the open culture of the management meant people were comfortable sharing their views. People and their families were asked for their views on the service in a recent survey. Responses included; "A pleasure to have the carers" and "Cheerful and professional." Where the provider had identified areas that required improvement actions had been taken promptly to improve the quality of the service provided. Some responses raised questions and queries about their service. We saw these had been addressed and comments had been added to the responses by the management to detail the action taken to resolve the query. This meant the service was constantly striving to improve the service is provided to people.

The service regularly reviewed their policies and procedures to ensure the information provided for staff was current and accurate. Information regarding such procedures were included in the staff handbook provided for all staff when they commenced working for the service. This helped ensure staff could access information relating to policies and procedures easily.