

## Safearbour West Midlands Limited

# Safearbour (Droitwich)

### 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

Safeharbour (Droitwich) is registered to provide accommodation and support for six people with a learning disability or autistic spectrum disorder. At the time of our inspection five people were living at the home.

The home has a lounge, dining room, conservatory, kitchen, bedrooms and a multi-sensory room for relaxation. A lift was available for people to access the first floor of the building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy.

At the last inspection in, April 2016 the service was rated Good. At this unannounced inspection on 11 April 2018 we found the service remained Good.

Why the service is rated Good.

People living at the home had their preferences and interests met and their safety needs taken into account. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed and go to places they liked in ways which promoted their safety as their needs changed. There were enough staff available to support people so their care needs would be met in ways which promoted people's safety. People's medication was stored and administered safely by staff whose competence had been checked.

Staff understood people's health and welfare needs as guidance for them to follow was comprehensive and very detailed. When people's needs changed care plans were up-dated promptly so ensured people received the care they wanted.

Staff had the used their skills and knowledge when caring for people so people would enjoy a good quality of life. Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. People were supported by staff to enjoy a range of food and drinks so they would remain well. People had regular access to health appointments. Staff followed the advice of specialist health services so people would receive the care they required.

People were supported by staff that they had developed very caring relationships with. People were supported by staff to make choices and follow their individual interests.

Staff understood the need for people to remain as independent as possible. Staff understood the different ways people communicated with them in order to express themselves.

A complaints procedure was available but no complaints had been received.

People living at the home and their relatives were encouraged to give feedback on the service provided. The registered manager regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

## 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.

# Safeharbour (Droitwich)

## 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. At the last inspection in April 2016 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 11 April 2018 and was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with people in the different communal areas of the home. We spoke with two people living at the home, three residential support workers, two senior residential support workers and the registered manager. The following day we spoke with three relatives by telephone.

We looked at a range of documents and written records including two people's care records, staff training records, and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked at how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality questionnaires completed by staff and professionals from other organisation, and checks made on the care planned for people and the suitability and safety of the home environment.

# Is the service safe?

## Our findings

At our last inspection in April 2016, the provider was rated 'Good' in the question 'Is the service Safe?' Following this inspection the rating remains Good

People told us they liked and felt safe living at the home. One person stated, "I like living at the home and I want to stay here until I die." A relative told us, their family member had lived there for a number of years and said, "I couldn't think of a better place for them to live."

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. For example staff told us, if they saw changes in people's behaviour or signs of emotional distress this could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team and were confident action would be taken. They also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. One staff member told us "In the past I have raised a concern and [registered manager's name] listened and dealt with the situation quickly."

We saw from people's support plans risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example we saw information for staff to follow included, "How you communicate with me", "Things I like and don't like." In addition, there was information to guide staff with their understanding of what may cause the person anxiety, triggers and how to avoid distress for that person using distraction techniques. This was guidance for staff to follow to help people on the autistic spectrum keep to their important routines and maintain their well-being so avoid anxiety. A staff member told us, "The information in the care files is a good guide; [Registered manager's name] makes sure they are up-dated and listens to the staff and key workers opinions, should the cause of people's anxieties change."

Relatives and staff told us sufficient staff were available to meet people's needs. The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with people who lived at the home.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine cupboard. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw medicine audits were completed weekly by senior staff and monthly by the registered manager. These checks took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines as prescribed, so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff

administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

We saw the provider had taken into account infection control and prevention measures in order to keep people safe. For example when staff performed personal care they used disposable aprons and gloves. A staff member told us, "There is always a good supply of aprons and gloves available for us to use."

We looked at the way the provider recorded any accidents and incidents that occurred in the home. The registered manager had monitored and analysed any incidents and accidents on a monthly basis to identify any trends and so try to prevent further occurrences.



## Is the service effective?

### Our findings

At our last inspection in April 2016, the provider was rated 'Good' in the question 'Is the service Effective?' Following this inspection the rating remains Good.

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. A relative told us they thought staff had the necessary skills and training to care for their family member. They said, "The staff are well trained and understand [person's name] needs." Staff told us they regularly received training, which assisted them to deliver good quality care for people. We saw displayed on the office wall were reminders for staff when any refresher training was due.

Before new staff were recruited they were invited to attend a "Taster Day" to ensure they were suitable and wanted to undertake care work. Once recruited staff undergo a two day induction period looking at people's care requirements and the provider's policies and procedures. They were also given the opportunity to shadow experienced staff before working alone. One staff member reflected on their induction and told us, "If you don't feel ready or confident the [registered manager's name] discusses with us what they could do to help and will provide extra support."

We saw records which showed us the training staff had undertaken linked to the needs of people living at the home. For example, staff had received training matching people's individual physical and mental health needs, such as autism awareness training. MAPA training [Management of Actual or Potential Aggression] had also been provided for staff to help them support people with behaviour that may challenge. Although one staff member told us, "Physical restraint is only ever used here as the very last resort. I think we've only ever used it once in the last twelve months."

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [when appropriate] when they made decisions. Staff checked people wanted to receive care and respected the decisions people made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests or to deprive anyone of their liberty the necessary action had been taken so people's rights had been protected. For example we heard how one person needed the assistance of an advocate to attend a best interest meeting in order to make a decision whether to proceed with a health procedure.

People were encouraged to maintain their independence and enjoy their meal time experiences by being involved with the food shopping and preparation. On the day of our inspection we heard one person was going out to buy ingredients for their baking session later that day. All the people we spoke with told us they

enjoyed the food served at the home. One person told us they enjoyed their breakfast because they had "Pineapple and bananas." We saw in people's care plans people's food preferences and dislikes were recorded in a pictorial format. People's cultural preferences were met for example one person enjoyed a Caribbean diet and assisted staff in preparing certain dishes.

Relatives told us staff supported their family members to see health professionals so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. Each person living at the home had their own 'Health Action Plan'. [A Health Action Plan records any health appointments, the outcomes and any further actions required]. We could see from these records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required to ensure people's needs were met.

# Is the service caring?

## Our findings

At our last inspection in April 2016 the provider was rated 'Good' in the question 'Is the service Caring?' Following this inspection the rating remains Good.

People we spoke with described the staff that cared for them as "Kind" and "Nice". A relative told us, "The staff often say how they love and love caring for [relative's name], they [staff] are genuinely very caring. That is very reassuring to hear."

People were encouraged to stay as independent as possible and were encouraged to make as many day to day decisions as they could. For example what each person wanted to wear and what hobbies and fun things they liked to do. Information for people and staff had been collated in an easy read format to aid people's communication and express when and what they wanted to do each day. We saw pictorial activity planners reflecting people's interests. One person we spoke with during the inspection told us, "I'm going out to see the aeroplanes today." We saw this had been recorded in their care plan as a particular interest of theirs.

At the staff handover we heard the staff discussing people's reactions to the activities people had and how this was going to help plan future activities. For example one person had enjoyed a visit to a local castle and enjoyed looking at the antiques.

We saw that friendships within the home were encouraged. People were supported to maintain friendships by finding activities people liked and that they could attend together. We heard how the registered manager also understood people's interests and passions. They gave us an example of how they went the extra mile to obtain concert tickets for one person's favourite pop group and the joy of attending this had brought to the person. They told us "[Person's name] was so excited and loved the concert."

Staff had a good understanding of communicating with the people they cared for. We saw pictorial and Makaton, [specialist sign language] was used to assist people to understand. Where people had difficulty with verbal communication staff were able to interpret their body language. Staff members were able to demonstrate that if a person pulled at their clothing in a certain way, it meant they were getting bored so they needed to change the activity for them to avoid them becoming anxious.

We saw staff respected people's dignity, privacy and independence. When people required personal care, staff discreetly helped them to the bathroom without drawing unnecessary attention to what they were doing.

Staff we spoke with told us they were involved in updating people's care needs. We saw that staff had access to people's care records, but that care records were kept in a locked area in order to maintain people's confidentiality.

## Is the service responsive?

### Our findings

At our last inspection in April 2016 the provider was rated 'Good' in the question 'Is the service Responsive?' Following this inspection the rating remains Good.

People living at the home had comprehensive very detailed care plans for staff to follow and ensure people received the care in the way they wanted. One person told us how they preferred female carers and this was respected. Staff explained that people were involved as much as possible in their care planning. Key workers [A key worker is a staff member who work closely with a person to represent their wishes] reviewed the contents with people at least yearly unless information needed changing more promptly to ensure they were current. Relatives we spoke with confirmed they were invited to regular reviews and kept informed of any changes.

People we spoke with told us about how they were supported to maintain relationships with their families. We reviewed people's care plans and saw how visits to people's families were arranged and how staff supported people in maintaining visits to their family. Staff we spoke with understood people's family networks and who it was important the person kept in contact with. We saw recorded in people's care plan important dates such as family birthdays and people who were important to the individual.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how they promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. For example we heard how staff supported one person's cultural needs by taking them to a specialist hairdresser to have their hair cut.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found the provider had given information to people about how to raise a complaint in an easy read format so everyone could access help. People and the relatives we spoke with told us they had not found it necessary to raise concerns. A relative told us they felt there was an open culture at the home and said, "If ever I ask a question, I feel it is always answered honestly."

The registered manager was in the process of gaining people's end of life wishes and these were to be recorded in people's care plans for staff to follow in the event of their death.

## Is the service well-led?

### Our findings

At our last inspection in April 2016 the provider was rated 'Good' in the question 'Is the service Well-led?' Following this inspection the rating remains Good.

A registered manager was in post at the time of our inspection. 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.

Throughout the inspection we saw the registered manager was kind and approachable to the people who lived at the home. One person told us, "I love [registered manager's name], she is very good." Relatives were also complimentary about the registered manager, one described her as a "Lovely person and very easy to deal with." Another relative said, "She [registered manager] is so very caring."

All the staff told us they felt supported by the registered manager, especially as she did two care shifts a week working alongside them. One staff member said "I love my job. It helps that [registered manager's name] is so supportive both professionally and personally."

Another staff member said, they had felt listened to, and action had been taken by the registered manager as a result of their discussions. For example one staff member had made some suggestions about a person's personal grooming and this had been acted upon promptly.

Staff told us the registered manager set out clear expectations about the quality of care they were to provide through regular staff meetings and one to one meetings they had. We saw the registered manager used staff meetings to invite suggestions from the staff team and to provide guidance so people would receive the support they needed. One staff member said, "The manager is strict but we don't mind because she wants the best for the people who live at the home."

People had been supported by staff to complete questionnaires so their views on living at the home could be established. We saw relatives had also completed questionnaires to share to their views on the way the home was managed. Four of the five relatives had rated the home as excellent in all areas and the other relative had answered "Very good" in all areas.

The registered manager undertook regular checks of the service. We saw checks the registered manager undertook on people's medication, equipment, environmental, and infection control. The registered manager told us care plans were also updated to reflect what key workers had supported people to achieve.

We noted the provider had displayed their CQC rating in the hallway for all visitors to see.