

Hudson (Harbour Residential) Limited

Harbour Residential Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Harbour Residential is a residential care home for up to 108 people that was providing personal care to 12 people aged 65 and over at the time of the inspection. Since the last inspection the service has changed its name from Haven Lodge Care Centre to Harbour Residential and the provider registration has remained the same with CQC

People's experience of using this service:

At our previous inspection we rated the service Inadequate. The failings were mostly regarding the provision of nursing care at the home. The provider has now cancelled their registration for nursing care and is no longer delivering this regulated activity. The service has been in Special Measures and has not achieved a rating higher than Requires Improvement since we began rating services in 2016.

We have rated this service as Requires Improvement as the provider needs to demonstrate that the improvements we found can be sustained with higher occupancy. At the previous inspection in September 2018 we found seven breaches of the Health and Social Care Act (2008). At this inspection we found the provider was no longer in breach of regulations.

People told us they were happy at the service. They felt safe and well-cared for by kind and caring staff. People's relatives confirmed they were confident their loved ones received safe and kind care.

People were complimentary about the food. They had a choice of meals and were always able to have an alternative. Staff made sure people had enough to drink and received any support necessary to eat their meals. The kitchen staff were aware of any special dietary needs.

The environment was bright, well-maintained and clean throughout. There was a range of activities available including visits from a mother and toddler group which took place during our inspection.

Care was delivered by staff who were trained and supervised. Staff had undergone recruitment checks before being employed by the service. Staff morale was good and we observed staff interacting with people in a way they preferred.

People's care needs were assessed and their care delivered in the way they preferred. Any risks to people were assessed and plans put in place to reduce risks. People's emotional and social needs were included in their plans of care. Relatives were involved in planning and reviews of people's care and could discuss any change in needs. They were informed of any incidents such as falls. People's protected characteristics under the Equalities Act 2010 were not always considered in detail in people's care plans. We have made a recommendation about this.

The provider sought feedback from people and their families. A satisfaction survey had recently been carried

out which scored highly. The service had received a high number of compliments; many relatives expressed how satisfied they were with the care their loved ones received.

The registered manager demonstrated good leadership and staff morale was high. Staff told us they were well-supported and confident they would be listened to if they raised any concerns or had ideas for improving the service. The provider operated a clear governance system to identify and rectify any shortfalls.

Rating at last inspection: Inadequate (September 2018)

Why we inspected: This was a planned inspection based on the previous rating. The service's rating had improved to Requires Improvement from Inadequate.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 not always Safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Harbour Residential Care Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors 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. The expert by experience involved in this inspection had experience of caring for older adults and people living with a dementia.

Service and service type: Harbour Residential (previously called Haven Lodge) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in September 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with five people living at the service, eight relatives and 12 members of staff, including the registered manager and operational support manager. We reviewed three people's care and support records, eight medicine administration records, four topical (cream) administration records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits, compliments and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This key question was rated Inadequate at the previous inspection of the service in September 2018 and we found people did not receive safe care and treatment. There had been insufficient staff, medicines were not managed safely and plans were not always in place to mitigate risks. The service had been in breach of regulation in respect of safe care and treatment since September 2016. The service had made significant improvements at this inspection, and had now met this regulation.

At this inspection although we found improvements had been made we have rated this key question Requires Improvement as further time is needed to demonstrate that the improvements can be sustained with higher occupancy. Following our last inspection, the provider decided to voluntarily cancel their registration for Treatment of Disease Disorder and Injury (TDDI) which resulted in a number of people moving to alternative accommodation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service, "[It's] very safe here, I have a bell to hand and the night staff keep the door open at night. Relatives told us, "I wouldn't have [Name] living anywhere else, [Name] is so well looked after, we have never had a problem."
- Staff received training in safeguarding and knew how to identify and report any concerns.

Assessing risk, safety monitoring and management

- At the previous inspection of the service we found risk assessments were completed. However, plans to mitigate the risk were not consistently in place.
- At this inspection we found people had plans in place to guide staff on how to manage and reduce risk. These assessments were regularly reviewed and updated to reflect any changes.
- Staff had completed body maps and clearly recorded when bruises or injuries had been identified. These were reported to senior members of staff and regularly reviewed.
- Staff had developed emergency evacuation plans for people. They explained to us they had elected to support people to 'safe zones' where one member of staff could support several people to stay safe.
- The service had a comprehensive set of environmental and health and safety checks. These were undertaken on a schedule and any identified actions taken. Gas, electrical checks were carried out and all lifting and hoisting equipment serviced regularly.

Staffing and recruitment

- At the previous inspection of the service we found there were insufficient staff on duty. At this inspection we found that sufficient staff were deployed. Additional staff had been recruited and occupancy had reduced.
- A relative told us, "The staffing levels are great but I hope they can sustain them."
- Staff told us they had plenty of time to support people and spend time with them. One member of staff said, "We've been told if the person wants us to sit and have a cup of tea with them then we should do so."

- We observed staff were unhurried and that call bells were answered promptly.
- Staff were safely recruited. The provider checked each new employee's history and sought references before employing them. The registered manager told us they had recruited new staff on the basis of their values.

Using medicines safely

- At our previous inspection of the service we found medicines were not always managed safely. At this inspection, improvements had been made and measures put in place to administer medicines safely.
- Medicines were managed safely by competent staff. Staff had their competency checked before they could administer medicines.
- The service had arrangements in place for the safe storage, administration and disposal of medicines.
- People had body maps to show staff where to apply any topical medicines. However, staff had only signed infrequently to demonstrate that creams had been applied. Audits had not been carried out to check staff had completed the records. This meant the provider could not be sure creams were always applied as the prescriber intended. When we returned on the second day of inspection the provider had put a system in place to check these records daily.

Preventing and controlling infection

- The home was clean and fresh smelling throughout. Staff carried out cleaning throughout the day.
- Staff were knowledgeable about how to reduce the risk of infection. Staff had received training in preventing the spread of infection. They had access to disposable protective aprons and gloves to help reduce the risk of infection.
- The service had a purpose-built laundry and clear procedures for separating laundry. Clean laundry was stored in its own area.
- Senior staff could describe what actions to take in the event of an outbreak of infectious illness in the service.

Learning lessons when things go wrong

- The service recorded any accidents and incidents. Staff understood how to report accidents and incidents and the provider had a system to review them in place.
- The clinical lead explained they looked at all incidents and discussed them with staff. They looked at causes and how to prevent recurrence. For example, one person had some behaviour which challenged; staff observed what was happening and noted the person was hungry. They arranged for snacks to be in the person's room and this eliminated the behaviour.

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

This key question was rated Inadequate at the previous inspection in September 2018 and we found people did not an effective service. Staff had not received required training, or regular supervision and appraisal which was a breach of regulation. Consent to care was not always sought in line with legal requirements. The service had made significant improvements at this inspection, and had now met regulations.

At this inspection although we found improvements had been made we have rated this key question Requires Improvement as further time is needed to demonstrate that the improvements can be sustained with higher occupancy. Following our last inspection, the provider decided to voluntarily cancel their registration for Treatment of Disease Disorder and Injury(TDDI) which resulted in a number of people moving to alternative accommodation.

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

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. At the previous inspection we found that the provider had not always sought consent in line with legislation. At this inspection we found improvements had been made.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had made the appropriate DoLS applications and had carried out assessments of people's capacity. For one best interest decision we found the decision had been updated but the capacity assessment had not. However, the person had previously not had capacity and records showed there had been no change in their capacity.

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

- The registered manager had developed a comprehensive assessment prior to admitting people to the service. They told us, "It is important the right people are admitted." They explained they considered not just meeting a person's needs but how each new person would fit with other people. They told us the service would only admit people gradually to ensure staffing levels kept pace with the planned increase in

occupancy. Staff had assessed people's care needs including mobility, nutritional needs and communication. People's preferences were included in the assessment, for example their preferred radio stations.

Staff support: induction, training, skills and experience

- At our previous inspection staff were not up to date with the training necessary for their roles and were not supported by regular supervisions or appraisals. At this inspection we found staff had completed all mandatory training and received regular supervision. The registered manager spent time out and about in the service to observe staff practice and to model best practice. Seniors carried out competency checks on staff. Staff told us they felt very supported and could ask any of the seniors or managers for help. Staff commented on how the dementia training had helped them provide better support and understanding to people living at the service.
- A relative told us, "The staff seem to be all very switched on, they always seem able to help, I had concerns with [Name's] leg and they next day the district nurse had been in to assess."

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

- People told us, "It's food all the time, we have a fruit bowl and crisps and snacks that we can help ourselves, if we want a drink in the night we just ask." A relative told us, "A dietician has been in to see [Name] as they weren't eating well, they don't give up on food they will always offer an alternative and usually talk them round to eating something."
- Food was prepared on site by a chef. The chef was passionate about the food they produced; each person received a cake specially made for their birthday. One person recently had a cake in the shape of an aeroplane as this was a particular interest they had.
- People had care plans which identified specific nutritional needs and kitchen staff were aware of these.
- Tables were laid with a tablecloth, flowers, condiments, cutlery and a menu. People were offered a choice where to sit and handed the menu, and were also shown the lunches by the cook plating up the choices. Each month the chef prepared a 'theme' meal such as Thai, Moroccan and Spanish.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had healthcare needs met in a timely way. The GP and district nurses visited regularly. Members of other health disciplines were contacted as needed. For example, the falls team and continence nurses.
- People had limited information about their dental needs. When we returned on the second day of inspection a new assessment had been put in place.

Adapting service, design, decoration to meet people's needs

- The premises had been purpose-built as a residential care home. Adaptations were in place such as hand rails and corridors and rooms provided plenty of space for wheelchairs or other mobility equipment
- The maintenance worker and housekeeper were responsible for the decoration and improvements to the building. They were passionate about the improvements they planned to make and proud of work they had already carried out.
- Individual bedrooms had been decorated to a high standard; people were able to have their room decorated as they chose. Corridors had been decorated with murals and cityscapes creating a stimulating and interesting environment.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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.

At the previous inspection in September 2018 this key question was rated as Requires Improvement. We found the provider had failed to ensure that service users received care and treatment that was appropriate, met their needs and reflected their preferences. At this inspection we found improvements had been made.

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

- People told us, "The staff talk to me and look after me how I like it, very kind and thoughtful they often share chats about their own families." A relative told us, "I see every day they respect the residents and have a caring nature about them."
- Staff spoke with warmth and affection about the people they supported. They knew what people liked and how to support them emotionally.
- The registered manager told us, "Everybody who works here, no matter their job role, their first responsibility is to provide care. If somebody needs help, they stop what they are doing and support that person."
- Throughout our inspection we observed kind, supportive interactions from staff towards people. We heard lots of laughter too.
- Staff commented, "I really like working here; it's fulfilling, helping people and making a difference."
- Staff told us, "We come from a multi-cultural society and have to respect that. Everybody is different."

However, we found people's protected characteristics under the Equalities Act 2010 were not always considered in detail in people's care plans. For example, around preference of gender of carers, cultural and religious requirements. We recommend the provider consider how they could include this information in care plans.

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

- Care plans contained information about people's preferences, likes and dislikes.
- Staff knew about individual's preferred way of receiving care. For example, one member of staff described how different gentleman preferred to shave.
- Family members were involved as much as possible in people's care.
- The service had received several compliments. One compliment said, "Thank you for all the kindness and support that you showed [Name of person]."
- The service had received several positive reviews on a national website where relatives had left feedback.

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained information about what they could do themselves.
- Staff always knocked on people's doors before entering.
- Doors were closed before supporting people with personal care. Throughout the day we observed support

with personal care was offered discreetly.

- Staff supported people to move around the service independently. They offered support and reassurance when needed in a relaxed and patient manner.

Is the service responsive?

Our findings

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

This key question was rated Inadequate at the previous inspection in September 2018 and we found people did not receive a responsive service. People who were being looked after in bed had minimal input in respect of activities. Care plans provided basic information about people's needs but were not consistently person centred and did not always detail people's choices and preferences. This was a breach of regulation. People and relatives did not know how to complain and complaints that were made were not always responded to within the provider's timescales. The service had made significant improvements at this inspection, and had now met regulations.

At this inspection although we found improvements had been made we have rated this key question Requires Improvement as further time is needed to demonstrate that the improvements can be sustained with higher occupancy. Following our last inspection, the provider decided to voluntarily cancel their registration for Treatment of Disease Disorder and Injury (TDDI) which resulted in a number of people moving to alternative accommodation.

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

- Care plans contained person-centred information. For example, about people's past employment, relationships and interests. One care plan described how a person liked painting and how this could support them when they felt anxious. Another care plan described the sports a person enjoyed discussing.
- Care plans described people's preferences around sleeping, food and entertainment. For example, one care plan documented the person's favourite radio station. Another care plan described how a person liked to sleep with the door open and the bedside lamp on.
- Activities were facilitated. A plan of activities was displayed on the noticeboard for the month. These included knitting, music events, birthday parties, bingo and one to one time.
- People's participation in activities was recorded; people chose to participate in activities they were interested in. People who spent most of the time in their rooms received regular one to one time with staff.
- Photographs showed how events and special occasions were celebrated. Such as birthdays, wedding anniversaries, Christmas and charity events. Individual cakes with a design important to the person had been made for people's birthdays for example a gardening or music theme.

Improving care quality in response to complaints or concerns

- Whilst there had been no formal complaints since the last inspection the registered manager told us they had regular conversations with family members and welcomed any feedback about the service.
- People told us they knew how to complain if they needed to; and everyone spoke with said they had not needed to.

End of life care and support

- People's wishes at the end of their life had been documented. This explained what arrangements people had in place and their preferences.

- The service had received positive feedback from relatives about how their loved ones had been cared for.
- One person had been thought to be end of life but staff noted they appeared to be recovering. Staff had offered larger amounts of food and encouraged the person to gradually get up out of bed.

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

Service management and leadership over the last three years had been inconsistent.

At our last inspection in September 2018 we rated this key question Inadequate and found seven breaches of the Health and Social Care Act (2008). The provider had failed to ensure that the service met suitable standards for quality and safety since 2014. The governance arrangements for the service had not been effective in identifying and rectifying shortfalls.

At this inspection we found that leadership had improved and there were no breaches of regulation.

At this inspection although we found improvements had been made we have rated this key question Requires Improvement as further time is needed to demonstrate that the improvements can be sustained with higher occupancy. Following our last inspection, the provider decided to voluntarily cancel their registration for Treatment of Disease Disorder and Injury(TDDI) which resulted in a number of people moving to alternative accommodation.

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

- The service had a registered manager in post. Over the last few years there had been periods when the service did not have a registered manager in post.
- The registered manager had demonstrated effective leadership and had concentrated on changing and developing the team culture. Staff told us, "There is a structure now. There is support from the managers and the seniors. Their doors are always open."
- The registered manager was visible around the service. They knew all the staff and people living at the service and engaged in a friendly and supportive way.
- The registered manager was clear about their role, vision for the service and their approach to developing the staff team. They had a clear understanding of regulation and a realistic plan to improve quality at the service.
- Staff morale was high. Staff spoke with us enthusiastically about their roles and the improvements. They felt well-supported and enjoyed working at the service.
- During our inspection we found changes implemented by the new registered manager had a positive impact on the quality of service. We were told by both staff and relatives that the service was much calmer and more relaxed.
- Notifications were submitted as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us it was their responsibility to promote and model high quality care.
- A relative told us, "I would always feel comfortable talking to any of the managers, I feel well informed and

they are happy to share details."

- Relatives and advocates were informed, updated and consulted of any changes regarding their family member.
- Since the last inspection people's care records had been updated and a more detailed pre-admission assessment put in place. The registered manager told us that all new admissions would be considered not just individually but as to how they would fit into the home. They explained that they would not admit people with high needs close together and intended to gradually build up the number of people living at the service to ensure the improvements in quality were sustained.
- Staff told us the care had improved. They said that previously the service had been chaotic but was now organised and calm.
- There was a comprehensive system of audits in place to identify any shortfalls in care delivery. Staff were supervised regularly and had the opportunity to approach managers and seniors at any time with questions or concerns.

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

- Systems had not yet been developed to enable people to have formal input into the running of the service.
- Staff were fully involved in developing the changing culture of the service. They were encouraged to contribute their ideas both informally and in team meetings. Staff told us, "I am able to make suggestions, I do lots of activities, if I see something online that I think will be good I try it out."
- Staff were supported to develop particular interests. For example, maintenance and housekeeping staff taking over the decoration of the service.
- A survey had recently been carried out amongst the staff team and relatives of the service, however the analysis had not been completed at the time of the inspection.

Continuous learning and improving care

- Incidents such as falls were discussed amongst the team. Any changes identified were implemented.
- Staff meetings were now occurring and had been scheduled for the future.
- A non-gossip policy was in place. This was to promote a positive staff culture and atmosphere. This was discussed in staff meetings and individual supervisions.