

Harbour Care (UK) Limited

The Shores

Inspection report

46 Brixey Road
Parkstone
Poole
Dorset
BH12 3EZ

Tel: 01202730653

Date of inspection visit:
28 August 2019

Date of publication:
07 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Shores is a residential care home providing personal care for up to seven people with learning disabilities. At the time of our inspection five people were using the service.

The service is a detached two-story building with enclosed gardens.

People's experience of using this service and what we found

There were enough staff on duty to safely meet people's needs on the day of our inspection and records showed these staffing levels had recently been routinely achieved. However, relatives, staff and managers constantly reported that the service had been significantly understaffed from January to April 2019. Comments received in relation to staffing level included; "We are approximately four staff short at the moment", "They seem to have a lot more staff in now. That has changed significantly since the new manager came in" and "Staffing is a lot better."

Some people's behaviour was adversely impacting on others within the service. These issues had been identified by staff and managers, who were working with commissioners to identify how they could be resolved. Plans were being developed but were not yet successfully in resolving the situation and there were ongoing impacts on people's wellbeing.

Medicines were managed safely, and necessary staff pre-employment checks had been completed. The service was clean and risks had been appropriately assessed.

Staff received regular training updates to ensure they had the skills necessary to meet people's needs and new staff received appropriate induction training. Staff supervision meetings had been recently reintroduced and annual performance appraisals completed.

The service was reasonably maintained, and communal areas were being redecorated during the inspection. People's bedrooms were personalised and individually decorated.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and compassionate. They responded promptly to people's needs and respected their decisions and choices. Relative told us, "They have a lot of very caring people there" and "I feel [my relative] has some really good people looking after him."

People's care plans were accurate and provided staff with enough guidance to enable them to meet people's needs. Information provided to staff about people's communication preferences was accurate and

useful. Complaints received had been appropriately investigated.

Current staffing level enabled people to access the community when they wished and the service was now providing personalised care that reflected the principles of and values of Registering the Right Support. During our inspection we saw people were able to choose how to spend their time and were able to go out when they wished.

The provider' quality assurance processes had identified significant concerns in relation to the service's performance in April 2019. As a result, management changes were made and additional support and resources provided to improve the quality of care people received. Relatives and staff were complimentary of these changes and the new manager approach. Their comments included, "I have noticed things have changed", "I feel positive towards the new manager" and "[The new manager] has been a massive help and is doing really well".

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Rating at the last inspection

The last rating for this service was good. (Report published 22 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme to ensure improvements in the service's performance and made and sustained. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

The Shores

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and a specialist advisor who was a social worker with a background in supporting people with learning disabilities.

Service and service type

The Shores is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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. There was not a registered manager in post. However, a new manager had been appointed who intends to apply to become the registered manager.

Notice of inspection

This inspection was announced. The service supports a relatively small number of people and we wanted to ensure we would be able to meet people and staff during the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met four people who used the service and observed interactions between people and staff throughout the inspection. We also spoke with four members of care staff, the new manager and the provider's Quality assurance lead with responsibility to oversee the service's performance.

We reviewed a range of records. This included four people's care records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, medicines administration records, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with four people's relative about the quality of care and support the service provided. We also reviewed a range of documents that we had requested from the service during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service's recruitment practices were safe and necessary disclosure and barring service checks had been completed.
- The service does not currently employ enough staff to meet people's needs.
- Relatives, managers and staff all reported the service had been significantly understaffed from January to April 2019. Records showed agency staff had not been used and the service had routinely been understaffed by around 200 hours per week. Managers recognised these low staffing levels had exposed people to risk and told us, "[Incidents] were happening because of the lack of staff."
- The low staffing levels had been identified by the providers quality assurance systems in April and immediate action was taken to ensure the service was safely staffed. This included the reintroduction of the use of agency workers and a targeted recruitment programme. Managers told us, "We are approximately four staff short at the moment" and "Last week we used 180-200 hours of agency staff."
- On the day of our inspection there were enough staff on duty to meet people's support needs and records showed planned staffing levels had been consistently achieved in recent months. Relatives recognised this significant improvement and told us, "They seem to have a lot more staff in now. That has changed significantly since the new manager came in" and "Now staffing is quite good. Good staff are returning"
- Staff also recognised appropriate action had now been taken to address the low staffing issues. They told us, "Staffing is a lot better. The guys are getting their funded hours and there are a lot more activities happening now", "Everything is fine now" and "It all basically changed in April when the registered manager left. Back then we were running on three or four staff." A recently recruited member of staff told us, "While I have been here there have always been enough staff."

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff told us that some people's behaviour when they were upset or anxious adversely impacted on others. Staff told us one person had become withdrawn and now chose to spend most of their time in their own bedroom. Staff comments included, "[Persons name] is completely different, [they are] scared."
- These issues had been identified by the provider and raised with care commissioners. Plans were being developed to support one person to transition to another placement. In addition, on the day prior to our inspection, an emergency placement for another person was arranged to help address and resolve this situation. However, action should have been taken earlier to resolve this situation and prevent the recognised impacts on people's wellbeing.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific safety concerns reported to the new manager would be addressed. Staff knew how to

report safety concerns outside the service and told us people were safe.

- The provider had investigated concerns reported by whistle blowers and taken appropriate and robust action where significant failings in staff performance had been identified. Staff told us "[The provider's operations director] has helped us a lot."
- Relatives recognised improvements had been made within the service and their comments included, "I am happy that [my relative] is safe" and "I believe [my relative] is safe now."
- There were appropriate systems and processes in place to help people to manage their money and prevent financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Appropriate systems and procedures were in place to manage and mitigate known risk whilst enabling people to try new experiences and engage with activities they enjoyed.
- Care plans included clear guidance for staff on how to support people to manage their anxiety and staff had received appropriate training to ensure they had the skills to safely meet people's needs. Staff told us they did not use physical restraint techniques but instead used a combination of blocking positioning and breakaway techniques to ensure people's safety within the home.
- Necessary safety checks had been completed by appropriately qualified contractors to ensure the environment of the service was safe.
- The level of support each person would require in an emergency evacuation had been identified and firefighting equipment had been regularly serviced.

Learning lessons when things go wrong

- It was not possible for trends and patterns in people's behaviours to be fully analysed as accurate records were not been consistently maintained. Staff told us, "There was an under reporting of incidents by the previous manager."
- This issue had been identified by managers prior to the inspection and new, more robust recorded keeping procedures had been introduced. Additional staff training on record keeping was planned to ensure in future all incidents were fully documented.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were administered safely, and Medicine Administration Records had been appropriately completed and audited to ensure their accuracy.
- Some people received their medicines covertly. These procedures had been introduced following appropriate best interest decision making processes and guidance had been sought from appropriate health professionals before medicines were provided covertly.

Preventing and controlling infection

- The service was clean and personal protective equipment was readily available to staff. There were appropriate procedures in place to manage infection control risks.
- Staff encouraged and supported people to participate in cleaning and domestic tasks within the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new staff completed several shadow shifts in the service to get to know people and gain an understanding of their individual needs before they were permitted to provide support independently. Managers told us, "New staff do at least three to six shadowing shifts" and a recently appointed member of staff said, "I have done nearly three weeks of shadowing."
- Staff had the skills necessary to meet people's needs and records showed their training was regularly updated. The training provided was a mixture of online courses and face to face training. Staff told us, "We get quite a lot of training" and relative's comments included, "They seem to go through training regularly." The provider encouraged staff to develop their skills and supported staff to complete additional formal training. One staff member told us, "I am starting my diploma [in health and social care] next week."
- Staff new to the care sector were supported to complete induction training in line with the requirements of the care certificate.
- Staff had recently received supervision from their managers and annual performance appraisals had been completed for most staff. Additional procedures had been introduced to ensure in future all staff received regular support and supervision.
- An agency staff induction process had been developed to ensure all members of agency staff understood the service safety procedures and had some knowledge of people's individual support needs.

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

- People's needs were assessed before they moved into the service to ensure their needs and expectations could be met.
- Care plans were then developed by combining information gathered during the assessments process, with details from the person's relatives, previous care providers, and staff feedback on the person's individual needs.

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

- People were supported to participate in menu planning and meal preparation. Staff told us, "People choose what to have a meal times, we try to encourage health choices."
- Cupboards were well stocked and a variety of fresh ingredients were available in the kitchen.

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

- People's bedrooms were personalised and had been individually decorated in accordance with people's tastes and preferences.
- The services communal areas were being redecorated on the day of our inspection. Where doorways had been damaged plans were in place to address and resolve these issues. Relative recognised there had been recent improvements to the service environment and told us, "It is clearly better maintained."
- People were able to access the enclosed garden area when they wished.

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

- People were supported to access healthcare services when required. Where issues were identified with people's health or wellbeing timely and appropriate referrals for professional support had been made.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People's capacity to make specific decision had been assessed and there were systems in place to support and enable people to make meaningful choices.
- Where people lacked capacity appropriate best interest decisions had been made with the involvement of relatives and health professionals.
- Some people who lacked capacity had restrictive care plans in place and necessary applications to the local authority had been made for their authorisation under the Deprivation of Liberty Safeguards. Where restrictions were necessary staff and managers ensured the least restrictive options were used to ensure people's safety.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable in the service and approached staff for reassurance, encouragement and support without hesitation. Relatives were complimentary of the current staff team and told us, "There are a lot of caring people there who are trying their best", "I feel [my relative] has some really good people looking after him" and "At the moment the staff are really nice."
- Staff enjoyed the company of the people they supported and valued their roles. One staff member told us, "Each day at the end of the shift I feel wow, it is really amazing to be able to help people." Staff were concerned by the impact staff shortages earlier in the year and conflicts between individuals living in the service were having on people's wellbeing.
- Records showed staff were regularly completing additional shifts to ensure staffing levels no longer impacted on people's ability to access the community and engage with activities they enjoyed. Relatives told us, "I think they are kind and are trying hard" and "They have a lot of very caring people there."
- Staff treated people as equals and diversity was valued and respected. Staff had an in-depth knowledge of people's needs and preferences and took pleasure in describing their individual skills and interests.

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

- People were involved in making decisions about their care and which staff supported them. People's care plans included guidance for staff on how to present information and offer choices to enable people to make meaningful decisions.
- People were able to decline planned activities and care interventions. We observed that staff adjusted plans and varied how support was offered in response to people's choices.
- Where routines were important to people these were respected and where possible complied with.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected. Where people required help, this was provided discreetly.
- Some people choose to lock their rooms when they went out and one person used a key fob system to enable them to control who had access to their bedroom.
- Care records were stored appropriately when not in use.
- People were supported to develop independent living skills and were supported and encouraged to engage with a variety of tasks and chores.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- People's care plans were detailed and informative. Staff told us, "The care plans are definitely accurate" and they provided enough guidance to enable staff to meet people's specific needs.
- One page care plan summaries had been developed to help professionals, new staff and agency workers quickly gain an understanding of people's needs.
- Each person's care plan included a life history information and details of their individual likes, hobbies and interests. This information helped staff get to know people, identify activities they were likely to enjoy and gain an understanding of how life experiences could impact on people's current needs.
- Relatives told us they had been involved in the process of reviewing and updating people's care plans to ensure they accurately reflected people's support needs.
- Daily records were maintained detailing the support people had received, which activities they had engaged and information about their physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included detailed information and guidance for staff on their individual communication preferences and styles.
- Staff were able to communicate effectively with people and had received training in people's preferred methods of communication. Care plans included specific definitions of words, phrases and gestures people used regularly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Relatives and managers told us that prior to April 2019 there had been a lack of person-centred activities on offer for people to engage with. Managers reported that people had been regularly taken out for drives in the service's minibus as a group without a specific aim.
- This issue had been addressed and resolved. Daily records showed people were now supported to engage

with a wide variety of meaningful activities, tasks and chores. During the morning of our inspection two people enjoyed going swimming in a local pool and another person chose to go shopping. In the afternoon people visited a local tourist attraction. One person's relative told us, "They were just going out and driving about but now they have a system where they go out to do things. I think it has now improved as [my relative] is going out and doing more."

- Staff told us, "We do try to get people out to do what they want", "The guys choose what they want to do" and "[People] go out more than I do." Managers told us, "Now everyone is going out on person centred activities that they like to do".
- People were supported to maintain relationships that were important to them and relatives were encouraged to visit the service. During the morning of our inspection one person wanted to speak with a relative and this was arranged by staff.

Improving care quality in response to complaints or concerns

- Complaints received had been investigated and resolved in accordance with the service's policies. A relative told us, "They looked into [my complaint] and wrote back to me, so I was happy with that."

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service's management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The provider had identified concerns in relation to the culture within the service's staff team prior to our inspection. Appropriate and proportionate actions had been taken to resolve these issues. Staff were now clearly focused on supporting people to live varied and interesting lives. Managers told us this had been a significant cultural change and noted, "We have had old staff return since the culture has improved. It is on the mend."
- Staff understood that some previous practices within the service were unacceptable and would not be tolerated by the provider or new manager.
- Relatives recognised significant improvements that had been made within the service and told us, "My worries about The Shores have subsided a lot, It has been quite a worrying time but I am feeling a lot more reassured now it is being a lot better managed", "I have noticed things have changed" and "I feel positive towards the new manager".
- Problems with the compatibility of people living in the service had been identified and were now being addressed. The provider was working with commissioners to identify alternate appropriate placements for people whose behaviours were adversely impacting on others. However, these issues had not yet been fully resolved and there were ongoing impacts on people's well-being.
- Low staffing levels earlier in the year had meant people's access to the community and meaningful activities had been unnecessarily restricted. These issues were now being resolved through appropriate use of agency workers and an ongoing programme of staff recruitment.

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

- There had been significant leadership change since our last inspection. The registered manager had left the service in April 2019. Issues with the registered manager's performance had been identified by the provider and were being investigated at the time of their departure.
- Following the registered managers departure, the provider had made arrangements to give additional support to the staff team. Staff comments included, "[The deputy manager] has been brilliant" and "Since the [registered managers] departure we have had so much support from [The quality assurance lead]."
- A new manager had been appointed four weeks prior to our inspection and intended to apply to become registered. Relatives recognised the new manager had made positive changes within the service and told us, "I have noticed things have changed", "I feel positive towards the new manager" and "I think it is improving

with the new manager and deputy manager." The new manager told us, "I have been really well supported."

- Staff were constantly positive about the changes made within the service and told us, "[The new manager] has hit the ground running", "The changes are really really good. The paper work is so much better" and "[The new manager] has been a massive help and is doing really well". Staff morale had significantly improved, and managers told us, "Staff seem happier" and "Sickness has been really good in last few months."

Continuous learning and improving care

- The provider's quality assurance systems had identified concerns in relation to the service's performance and action had been taken to address these issues and improve people experiences of care. Appropriate plans had been developed to address these issues, but they had not yet been fully resolved. The quality assurance lead who was responsible for 17 registered service had been based in The Shores for two days per week to provide additional support and leadership with the aim of driving improvements in the quality of support people received.
- However, the providers management oversight in early 2019 had not been sufficiently robust. The systems in place at that time had failed to ensure people needs were met and these failings had impacted on people's well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was understood by staff and managers. Records showed relatives had been informed of all incidents that had occurred recently. Relatives confirmed they now felt better informed about what was happening within the service.
- The new manager, staff team and provider's quality assurance lead were open and honest throughout the inspection process. They were clearly focused on addressing and resolving issues to improve people's quality of life.

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

- Relatives told us there had been increased engagement and communication since the changes of management and staff told us, "Relatives are all very grateful for the increased communication."
- A survey was underway at the time of our inspection to gather feedback from people and relatives on the service's performance.
- Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Working in partnership with others

- The provider had appropriately raised concerns with commissioners and professionals in relation to the impact of people's behaviours on others living in the service. They were working collaboratively to resolve this situation to minimise ongoing impacts on people wellbeing.