

Harbour Supported Living Services Limited

Harbour Supported Living Services

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

About the service

Harbour is a supported living service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was providing support to 95 people in total. Harbour Supported Living provided support to people with mental health conditions and learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People said they felt safe, medications were well organised and managed, and people had enough staff to support them. Incidents and accidents were documented and analysed for patterns and trends. Risk assessments were informative and contained detailed steps staff were expected to take if they felt someone was at risk of harm.

People were supported to have maximum 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 took part in regular training programmes and underwent supervisions and appraisals.

Staff were kind and caring. People enjoyed being supported by the staff, and they gave us examples of how staff supported them to become more independent

People were encouraged to set their own goals and aspirations. Some people attended community groups, voluntary work or undertook employment. The service actively supported people to live their life in the way they wanted to live it, whilst also encouraging people to develop their independence. People participated in activities and pastimes which were meaningful to them, both in the local and wider community. Staff took the time to get to know what people enjoyed doing and supported people with their chosen activities.

There was a registered manager in place and people spoke positively about them. The manager was aware of their roles and responsibilities. People had been engaged with and asked for their feedback, and there

was good partnership working between the registered manager and the service manager. Audits took place and action plans were developed and allocated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published 3 November 2016).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Harbour Supported Living Services

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

This inspection was carried out by one inspector.

Service and service type

Harbour Supported Living is a supported living service. It provides care and support to people living in their own houses and flats so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager was not available at the time of our inspection, however we were supported by the operations manager and the service manager.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the people using it would need time to consent to a home visit from an inspector.

What we did before the 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with seven members of staff including the service manager, operations manager, senior support workers.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted a professional who has knowledge of the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the actions they needed to take in order to keep people safe from harm and abuse.
- There was a safeguarding adult's policy in place which had been shared with people when they started receiving support from Harbour.
- People we spoke with said safeguarding had been discussed with them and they were aware of who to speak with if they wanted to raise concerns.
- There were no open safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- Everyone we spoke with said they felt safe with the support staff. Comments included, "I know who to expect, we are more like friends" And "It's reassuring I have them."
- Risk assessments were in place which focused around supporting people with their mental wellbeing and how to recognise signs and triggers of relapse.
- Risk assessments were reviewed often, or when someone's needs changed.

Staffing and recruitment

- There were enough staff to provide people with safe and, consistent care and support.
- People received care and support by staff who were familiar with their needs and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medications were managed safely.
- Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medications as and when required, often referred to as PRN medicines.
- Medications were stored appropriately in people's homes.
- Some people were supported to self-administer their medications in line with their own goals.

Preventing and controlling infection

- We observed people were protected by the prevention and control of infection.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).
- Prevention and control of infection was covered on the initial induction period and again in annual refresher training.

Learning lessons when things go wrong

- We spoke with the registered provider who demonstrated that they had made some changes as a result of the last inspection report, which included ensuring there was more information in staff recruitment files.
- Incidents and accidents were reviewed by the registered manager to identify any themes and trends.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was pre-assessment information available for each person in their support plans which was shared with staff before they started to support people.
- Information regarding people's backgrounds and history was not always in their support plan, however, some people did not wish to read this information about themselves, so it was stored separately in line with people's choice.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and supervised in line with the registered providers policies and procedures.
- We viewed the training matrix. Staff were trained specifically in understanding and supporting people living with mental health conditions.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

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

- People were supported to maintain a healthy balanced diet. Support records documented when people required assistance with preparing food and drinks.
- People were protected from risks associated with poor nutrition and diet. We saw examples, of how people were supported to compile shopping lists and plan menus around their lifestyle choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives

- People told us staff visited their homes when they were expected and stayed for the duration of their shift.
- Support records showed that staff communicated with other health care professionals when needed.
- Staff would accompany people to GP and hospital appointments when needed.

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

- Some people shared properties with other people using the service. The service would regularly review the suitability of people living together, to ensure their needs were being met as effectively as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in mental capacity and assumed people had the capacity to make their own decisions unless assessed as otherwise in their support plan.
- People were involved in decisions about their care and support. We found recorded evidence of people's consent to their support.

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 the key question has remained the same. 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 told us staff treated them with kindness and respect. An example of what people said included, "Staff are really good." "They treat me kindly." "I feel like I can have a laugh with them." "They can always cheer me up." "There is trust between us."
- Staff we spoke with were motivated and knew people they supported very well. Staff spoke enthusiastically about their roles and responsibilities.
- We discussed with staff different examples of how support was tailored to meet people's diverse needs, as some people required more support than others, and each person's 'goal' was different.

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

- Support plans evidenced that people had been involved in their completion.
- Each support plan was signed by the person, and individual 'goal setting' had been discussed with each person to ensure they had maximum control over their support. One person said, "I know exactly where I want to be in a year or so, and I can openly discuss this with the staff."

Respecting and promoting people's privacy, dignity and independence

- Most people had support provided at certain times throughout the day and they explained how staff were flexible around their daily activities. One person said, "I like to go the library most days, so staff always come to see me when they know I will be in so it doesn't stop me going."
- Support plans were written with the person's choices and independence at the forefront. Language within support plans was empowering, and focused on people doing most tasks for themselves, with staff support and guidance, rather than staff doing it for them.

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 the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People we spoke with told us that their support was person centred. One person said, "I can openly discuss with the staff how I want things to go, and I know they will help me out."
- Support plans were focused around what people could do for themselves and what support they required to achieve independence in other areas of their lives.
- One person described to us how they had discussed with the staff at their six-monthly review how they wanted to be more independent with their medication, the staff had worked collaboratively with health professionals to ensure steps were put into place to achieve this.
- The person explained how well this was going for them and the extra independence had enabled them to do more community activities.

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.

- Information was available in different formats to help support people's understanding. One person had required the use of a translator and this was organised for them.

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

- People chose to be active members of the community. Staff supported people to become members of local groups, volunteers or look for paid employment.
- One person told us how their support staff had encouraged them to get involved in the LGBT workshops as a representative.
- Another person told us how their support worker had found a community hub they could attend where they could practice their favourite hobby with others who had the same interest.
- People told us staff had arranged for the local fire service to discuss home safety with them, and how to keep themselves safe.

Improving care quality in response to complaints or concerns

- We viewed the complaints record for the service. We saw that all complaints had been appropriately responded to in line with the registered providers complaints process.
- Everyone we spoke with said they knew where the office was, and we observed people 'calling in'

throughout the day and chatting to the staff.

End of life care and support

- There was no one in receipt of end of life care at the time of our inspection, however the service had processes in place if this was needed.
- This involved working closely with District Nurses and GPs to ensure staff had the additional training needed to support someone with a medical condition.

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 the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with, without exception, said they felt the organisation was well led, and they liked the managers and the registered provider.
- Everyone said they would recommend the service to others, and said they felt the staff were 'well skilled'.
- The service manager was clear with regards to what needed to be reported to the Care Quality Commission.
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- The service had an effective system to monitor the safety and quality of the service.
- Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the staff teams.
- There was a range of audits in place for all areas of service provision. Staff were clear of what was expected of them.
- There were policies and procedures in place. Staff were aware of the policies and their roles within them.

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

- Staff and people who used the service were engaged with regularly by way of face to face meetings.
- Team meetings with staff took place every month, and weekly senior meetings took place.
- Surveys were sent out to people who used the service. The results of the surveys were analysed, and an overview of the responses were shared with people.

Continuous learning and improving care

- The registered manager and operations manager had used some of the feedback from their last inspection to drive forward areas of improvement. This included the investment of a new electronic system.

Working in partnership with others

- The service worked well with the housing providers to ensure people's properties were safely maintained and any repairs were reported.