

# Anson Care Services Limited

# Harbour House

## Inspection report

Penberthy Road  
Portreath  
Redruth  
Cornwall  
TR16 4LW

Tel: 01209843276

Website: [www.anson-care-services.co.uk](http://www.anson-care-services.co.uk)

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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 House provides accommodation with personal care for up to 20 people. There were 19 people using the service at the time of our inspection.

People's experience of using the service:

- People told us they felt safe living at Harbour House. Staff were knowledgeable about identifying and reporting any safeguarding concerns they may have.
- There was a positive approach to risk taking to enable people to maintain their independence.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received personalised care and support specific to their needs and preferences. Each person was treated as an individual. One person told us, "I sleep more these days, but the staff support me to enjoy activities in the lounge from time to time"
- One visiting healthcare professional told us, "Staff make such an effort with residents, they go out, they don't just sit around, and care is always consistent in my opinion".
- People were provided with some activities by the care staff. These were planned and advertised in the service. Some people went out independently others were supported by staff on trips out in the providers mini bus. However, people were not able to access outside space without staff being present. A fence was required to secure the area and we were assured this was being provided.
- Relatives told us they had chosen Harbour House for its 'reputation within the community' and for its 'quality of service to older people and their families.'
- Throughout the inspection visit we saw many positive interactions between people and the staff and management.
- We received varied feedback from staff about working at the service. All said they felt able to approach the management team. Comments included, "I love my job here, it is hard sometimes but we all pull together, it has been very tough recently in the afternoons." and "I sometimes feel that issues I raise do not always get a response, things all take time. On the whole we support each other, and I am pretty happy here."
- Some staff raised that they were feeling particularly 'pressured' between 4pm and 8pm when only two staff were on shift. Some people required two staff to support them when needed. This meant that there were no staff available to support other people if needed at that time. The provider assured us this was being addressed.
- Harbour House used electronic care plan records. The provision of assessed care was recorded in a timely manner.
- The service was due some maintenance with damaged paintwork and some floor covering that showed its age. The provider assured us the service was due to be re-decorated.

Rating at last inspection: This is the first inspection of this service since the provider changed their legal entity and became a limited company.

Why we inspected: This was a planned inspection. The service was rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was carried out by one inspector 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 care service.

#### Service and service type:

Harbour House 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 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:

Before the inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies.

During the inspection, we spoke with six people who used the service. We also had discussions with six staff members and the registered manager and registered provider.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the

service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe –this means people were protected from abuse and avoidable harm

- Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe living at Harbour House. One person commented, " Staff are fantastic, I can't fault them."
- Safeguarding policies were in place. Staff received training and understood how to ensure people were protected from harm or abuse. The service had raised safeguarding concerns appropriately.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- The registered manager managed people's money on their behalf. This money was accessible to people if required. We checked the records for three people's money and it tallied with the records held. These monies were audited weekly.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. However, staff highlighted potential risks to both a person and staff, when manually moving this person down a step to the dining room in their wheelchair. The provider assured us this person was shortly leaving the service.
- There was a positive approach to risk taking to enable people to maintain their independence.
- Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people presented with behaviour that challenged staff and other people, there was not always enough clear guidance and direction for staff on how to help reduce the risk of this behaviour. However, staff knew people well and were able to tell us how they supported people safely.

Staffing and recruitment

- Harbour House had recently experienced a period where they had been short of staff. Agency staff had been used to cover some shifts.
- Recent successful recruitment meant that the service was shortly going to be fully staffed.
- The registered manager used a dependency tool to assess the number of staff required to support people's assessed needs.
- There were enough numbers of staff to meet people's needs. However, staff told us they felt it was 'very pressured' between 4pm and 8pm each day due to only having two staff on duty at that time. There were people living at the service who required two staff to support them, which led to occasions when there were no care staff available to respond to other people if needed. The provider had recognised this issue and confirmed support was to be provided on this shift.

- One person directly raised the issue of staffing in the afternoon, which they felt led to longer response times when they called for assistance. They told us, "With more staff, response times and access to time in the garden could be managed better."
- A visiting healthcare professional told us, "Staff sometimes seem stressed particularly in the afternoons and the evenings". The provider assured us this was going to be addressed.
- People told us staff responded quickly to them when they called.
- The registered manager audited call bell waiting times and assured us bells were responded to quickly.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Many staff had worked at the service for many years. A relative commented, "Staff seem to work at the home for many years, I feel this demonstrates the quality of their experience and the warmth which is generated at the home".

#### Using medicines safely

- Medicine systems were organised, and people received their medicines when they should. The provider was following safe protocols for the receipt storage, administration and disposal of medicines.
- Staff were trained in medicines management and competency checks to ensure safe practice were in place.
- Aspects of medicines management were audited regularly. The senior carer responsible for medicines management and audits told us there had not been any concerns identified recently.

#### Preventing and controlling infection

- The premises were clean and free from malodours.
- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as treatment by a GP or advice from an occupational therapist or physiotherapist.

# 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

•Good: 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

- People were assessed prior to moving in to the service. This assessment process led to the care plan being created.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction was provided for staff on how to meet those needs. However, some care plans lacked person-centred information and detail. This had been identified by a recent external agency audit. The registered manager was aware of the need to action this issue.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. The registered manager held a record of all staff training requirements.
- Staff were given opportunities to discuss their individual work and development needs. One to one meetings were provided as well as group staff meetings, where staff could discuss any concerns or issues and share ideas.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- New staff confirmed they had spent time working with experienced staff until they felt confident to work alone.

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

- The kitchen was in good condition. Food was prepared on the premises. The service had been inspected by the Food Standards Agency and given a five-star rating.
- People were offered a choice of food and drink. Their preferences were well recorded in care plans. Vegetarian meals were available.
- The registered manager had responded to people's comments and new meal options had been put on the menu.
- People told us they enjoyed the food provided. A relative told us they 'could not fault it.'
- Staff monitored some people's food and drink intake where concerns about their intake had been identified. People were weighed regularly, and this was monitored appropriately.

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

- Harbour House used electronic care plan records. The provision of assessed care was recorded in a timely manner.

- The service was looking a little tired in places with damaged paintwork and some floor covering that showed its age. The provider assured us the service was due to be re-decorated.
- Some people living at the service were living with dementia and were independently mobile with aids. The service was not specifically adapted for people with dementia. There was no additional pictorial signage to help people to orientate around the service. The provider assured us this was being considered.
- The registered manager involved people in discussions and decisions about the environment they lived in. People were encouraged to bring in personal items which gave their rooms a familiar feel.
- People has access to suitable equipment to support their needs, such as larger beds, pressure mats, hoists and wheelchairs.

#### 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 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.

- Related assessments and decisions had been properly taken. There were no mental capacity assessments shown on the electronic care plan system. These were present in a paper format in the person's paper care file. This made it difficult to establish if the MCA had been appropriately implemented.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the registered manager had applied for this to be authorised under DoLS. However, this was not always clearly recorded in the person's electronic care plan.
- There were no DoLS authorisations in place at the time of this inspection.
- Some people's care plans described what decisions people could make for themselves.
- People were encouraged to make decisions for themselves and staff ensured people were involved as much as possible in decisions. One relative told us, "Mum can be hard to engage and have observed staff encourage her, but they also get the balance right between encouragement and when to safely facilitate Mum's right to self-determine, whether with her appetite or taking part in the home's activities".
- Staff had received specific training which had led to staff understanding the requirements of the Mental Capacity Act in general.

# Is the service caring?

## Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

- Good: 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 spoke highly of the staff, saying they were compassionate and kind. Comments included, "I am treated with dignity, the staff are lovely and very good at what they do" and "Staff are all so kind, they seem to really enjoy their work".
- Staff were kind and patient with people. They had time to sit with them and actively listen to them.
- The service held a policy on equality and diversity and staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff and the registered manager about anything they wished to discuss.
- Care plans did not clearly indicate that people had been involved in their own care plan reviews, or agreed to the content. However, the registered manager provided care and support to people at the service daily and spoke with people regularly to discuss any changes they wished to make to their care and support.
- Residents meetings were held to seek the views of people living at the service.
- A survey had been recently sent to some people. The responses were being collated at the time of this inspection.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection visit we saw many positive interactions between people and the staff and management.
- People told us they felt respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.

# Is the service responsive?

## Our findings

Responsive –this means that the service met people's needs

- Good: People's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. Each person was treated as an individual. One person told us, "I sleep more these days, but the staff support me to enjoy activities in the lounge from time to time."
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively. This information was shared with others as required.
- One visiting healthcare professional told us, "Staff make such an effort with residents, they go out, they don't just sit around, and care is always consistent in my opinion".
- People were provided with some activities by the care staff. These were planned and advertised in the service. Some people went out independently others were supported by staff on trips out in the providers mini bus.
- A relative told us the service shared photos of their loved one electronically with them. They commented, "I was delighted to see her looking so positive and happy, it really helped".
- The service had outside space. However, people could not access this area without being supported by a staff member at the time of this inspection. This was due to the lack of a fence to make the area secure. We were assured by the registered manager that this was going to be addressed so that people could get outside and enjoy the weather independently when they chose to.

Improving care quality in response to complaints or concerns

- Relatives told us they had chosen Harbour House for its 'reputation within the community' and for its 'quality of service to older people and their families.'
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution.
- The registered manager told us there had been no recent complaints.
- People and relatives said that they felt able to speak to the management team at any time.

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.

- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- A relative told us, "I was amazed recently when staff cared for a resident who was at the end of their life, their care and sadness when they passed was unique and touching."

# 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.

- Good: 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 with openness; understanding and acting on their duty of candour responsibility

- Everyone at the service and their relatives told us the registered manager was open and very approachable.

- We received varied feedback from staff about working at the service. All said they felt able to approach the management team. Comments included, "I love my job here, it is hard sometimes but we all pull together, it has been very tough recently in the afternoons." and "I sometimes feel that issues I raise do not always get a response, things all take time. On the whole we support each other, and I am pretty happy here."

- The staff did raise feeling 'pressured' during the afternoons and early evenings with only two staff on duty. Some people living at the service required two staff to support them. This meant there were times when there was no care staff available to support others if needed. The registered manager and provider assured us this was being addressed and support was going to be provided.

- Care plans lacked personalised details. This was something the registered manager was aware of and planned to address now the service was fully staffed and they would have more time.

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

- The registered provider was visible in the service and took an active role in the running of the service.

- The registered manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths.

- Audits of many aspects of the service helped highlight areas where improvements could be made. Care plans, accidents and incidents, dependency assessments of people living at the service, premises and medicines management were all regularly checked. However, due to the recent shortage of staff the audit cycle had not always been effective. Actions required had not always been addressed in a timely manner. It was felt that this would improve once the service was back to a full complement of staff.

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

- The registered manager held resident's meetings to discuss activities, meal choices and how people viewed the service provided to them. Some comments from meetings had been actioned, such as menu choices being changed.

- A survey of people, their families had been carried out recently. The responses to this survey were awaiting collation.

- A community advocate who had been visiting people for over 17 years at Harbour House, told us, "I have

nothing but praise for the staff and the management team, the home is regarded as a central part of the community and links to the coffee morning at a nearby church as well as other local initiatives."

- Staff meetings were held as a full team and also as separate teams. This enabled staff to share information and any issues they wished to raise.
- A relative told us, "The Manager keeps us up to date on any issues" and "I have absolute confidence in the Manager and the Home."

#### Continuous learning and improving care

- The provider was supportive of the registered manager and visited regularly.
- The registered manager used specific events which took place at the service, or concerns raised as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff to continuously improve the service.

#### Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The service had good links with local GP practices.
- The community nurses visited people at the service regularly to support any nursing needs. They had no concerns about the service provided.