Harbour Care (UK) Limited

The Waves

Inspection report

199 Churchill Road
Parkstone
Poole
Dorset
BH12 2JD

Date of inspection visit:
06 January 2017

Date of publication:
28 February 2017

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

The inspection was unannounced on 6 January 2017. At the last inspection completed in June 2013 we found the provider had met all the regulations we reviewed.

The service does not have a registered manager. The previous manager left in September 2016. There was an acting manager in post who was responsible for The Waves and another home for three people in the local area. They were covering the post until a new registered manager could be appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Waves is a care home without nursing in Poole for up to three people with learning disabilities. One person lives at the home and there were no plans for other people to move into the home.

The person was not able to tell us their experiences because they had complex communication needs. They were happy and communicating freely with staff during the inspection.

A relative told us their family member felt safe at the home. Staff knew how to recognise and respond to any signs of abuse.

The person received care and support in a personalised way. Staff knew the person well and understood their needs and the way they communicated. However, the recent changes in the staff team and high turnover of staff increased the risks of the person becoming unsettled as staff may not know the person and how they communicate.

Staff said they were supported by the acting manager. However, due to the nature of the staffing levels at the home there was little opportunity for staff to have breaks or supernumerary time to complete some tasks.

Staff were caring and treated the person with dignity and respect. The person and staff had a good relationship.

Medicines were managed safely and stored securely. The person received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines.

There was a range of systems in place to protect the person from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment and risk assessments for each person living in the home. Staff knew how to support people with positive behaviour support plans in place.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. However, some staff needed specialist training and or updates to be able to effectively support the person.

The culture within the service was very personalised and led by the person who lived at the home. Feedback from staff, a relative and a professional and the findings of the inspection told us the management of the home was reactive rather than proactive. We acknowledge that action was taken in response to any concerns or issues we fed back to the acting and regional manager. However, this remains an area for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Overall the service was safe but some improvements were needed. This was because of the increase in risks with the high turnover of staff and the intensity of the work at the home.

Medicines were managed safely but additional information was needed about crushing medicines.

Staff knew how to recognise and report any allegations of abuse.

Risks to the person were identified and managed in order to keep them safe.

Is the service effective?

Good

The service was effective.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in the person's best interests.

The person was offered a variety of choice of food and drink.

The person accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care and support was provided with kindness by staff, who treated the person with respect and dignity.

Staff understood how to provide care in a dignified manner and respected the person's right to privacy.

Relatives continued to play a part in in their family member's care and support.

Is the service responsive?

Good

The service was responsive to the person and their needs.

Staff understood the person's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

The person was supported to pursue activities and interests that were important to them.

Is the service well-led?

Requires Improvement

The service was well led but some improvements were needed. This was because the service was reactive rather than proactive.

There were systems in place to monitor the safety and quality of the service.

Actions were taken in response to any feedback or shortfalls identified during quality assurance and inspection processes.

The Waves

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 6 January 2017 and was unannounced and was conducted by one inspector.

We met, spoke with and Makaton signed (a type of sign language) with the person. We observed staff supporting the person. We also spoke with the senior support worker, the regional manager and a support worker. We briefly spoke with the acting manager.

Following the inspection we spoke with the person's relative and their community learning disability nurse.

We looked at the person's care and support records in detail, and other records about how the service was managed. This included meeting minutes and quality assurance records.

The previous registered manager completed a Provider Information Return (PIR) in April 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that the service had notified us about.

Following the inspection, the acting and regional manager sent us confirmation of the service's internal action and improvement plan, regional training plan and staff training information.

Requires Improvement

Is the service safe?

Our findings

The person was very relaxed and they freely approached and sought staff attention. Their relative told us they felt their family member was safe with the staff that had known the person for a long time. They did not have any concerns about the individual staff's abilities to keep their family member safe. This was supported by the health and care professional. However, they and the health and social care professional felt the risks had increased following the high turnover of staff within the last month, with over half of the person's staff team changing. This was because the staff working at the service did not know the person as well and may not be able to recognise when they were unsettled. They were concerned that this could result in behaviours from the person that could harm themselves or others.

Staff had received safeguarding training as part of their induction and ongoing training. Staff were confident of recognising the types of the abuse and how to report any allegations. They were able to describe how they would know if the person was worried or upset about anything.

The acting manager had made an appropriate referral of an allegation of abuse to the local safeguarding team. The learning from the allegation and investigation was shared with the staff team.

Staff had received training in medicines administration. We saw from Medication Administration Records (MAR) that medicines were administered as prescribed. The person's medicines were crushed and added to food. The decisions to do this had been recorded as a best interests decision and health professionals and relatives had been consulted, However, the advice of a pharmacist had not been sought to make sure that the medicines were safe to be crushed. The senior support worker and regional manager took immediate action to consult with the pharmacist.

Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in the person's 'as needed' care plans.

The person had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, and behaviours that may require a positive response from staff. The positive behaviour support plans in place were very detailed and included important information for staff as how to recognise when the person was anxious or unsettled. For example, the plan detailed that the person would Makaton sign 'Sad' or repeatedly say bus and sign 'Home'. We saw staff supported the person as described in their plans. They reassured the person when they Makaton signed 'Home' and play acted with the person.

At the time of the inspection visit there was a small staff team working at the home who knew the person very well. The person was supported by two staff during the day and a waking and sleep-in staff at night. In response to concerns raised by staff about the intensity of the work at the home, there were plans to start introducing staff from another care home to the person. This meant that staff would work across the two homes with there always being one experienced staff member working alongside the new staff. However, the weeks following the inspection four of the staff team left the home. Following this, the acting and

regional manager arranged for bank staff who knew the person to work at the home and a staff member from another home in the area who knew the person well agreed to return to the home in the short term to help out.

The relative and a staff member we spoke with felt that consideration should be given to staff working shorter shifts at the home. This was because staff were working 12 hour shifts a day rather than two shorter shifts each day.

Following the inspection and the resignation of staff, the regional manager told us there was a recruitment plan in place for both a registered manager and support workers to work with the person. They had contacted the person's relatives to ask them to assist with writing something personalised for the recruitment advert.

There were emergency plans in place for the person, staff and the building maintenance. The person's individual fire evacuation plan included that staff needed to Makaton sign 'Fireman Sam' to the person to explain they would need to leave the building. There were weekly maintenance checks of the fire system and water temperatures. The person also helped with testing the fire alarms and staff again explained by Makaton signing 'Fireman Sam'.

There were systems in place for the maintenance of the building and equipment. A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area. There had been ongoing problems with the hot water in the kitchen at the home. The regional manager confirmed following the inspection that the boiler had been repaired. The lack of hot water had not affected the person's bathroom so they had been able to have a bath daily.

Good

Is the service effective?

Our findings

We saw that at the time of our inspection visit that overall staff had the skills and knowledge to effectively support and care for the person. However, the relative and the health and social care professional told us they were concerned that the new staff working with the person did not yet have the skills and knowledge to effectively meet their needs.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. However, some staff in the team across the two homes had not yet attended Makaton, positive behaviour support and physical intervention training. This shortfall meant that staff may not have the skills and knowledge to safely support the person who communicated using words and Makaton signs and had complex behaviours that required a positive response. These positive responses included physical intervention. The regional manager sent us the regional training plan that confirmed the positive behaviour support and physical intervention training would be provided in February 2017. They were sourcing Makaton training. The acting and regional manager told us they planned to ensure that staff recorded each day what Makaton sign's and words the person was using to describe things. This was because the person could use the same Makaton sign for different things dependent on what they had been doing or watching. This information was also going to be shared by the person's relatives as the person spent three days a week with them.

A staff member told us the induction training they received had been effective and that they had felt well supported throughout their induction period. They said they had always worked alongside experienced staff members who knew the person well. This had assisted with them getting to know the person and understanding the person's complex ways of communicating.

Staff told us they had regular one to one supervisions and if they had worked at the home over a year they had annual appraisal.

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. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). A DoLS application had been completed and submitted to the local authority. The local authority had authorised the DoLS and included a condition that was to be met. This related to replacing the lawn in the garden with artificial turf because the person had allergies and this had a negative impact on their behaviour and quality of life. The regional manager told us that the artificial turf was due to be laid in early spring and was aware that the condition of the DoLS would need to be met.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in the person's best interests.

Mental capacity assessments and best interest decisions were in place for the person in relation to specific decisions. The person's relative and health and social care professional told us that they were consulted about and involved in making best interests decisions.

Staff sought consent from the person before care and support was provided. They had a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions including what Makaton signs and or words/sounds they used. This profile also included when staff would need to consider undertaking a mental capacity assessment and best interest decisions for the person.

The person was weighed monthly and their weight was stable over the last few months. However, they had gained some weight over the last year. Their relative told us they had wanted to develop some healthy eating options with the person and the staff but this had not yet happened. The person was sat choosing their menu and shopping list from photographs of meals and food during the inspection. Staff told us they encouraged the person to eat healthily but their preference was for sweet foods. They acknowledged that because the person was currently reluctant to participate in activities in the community with staff they were not exercising as much as they had previously. The acting manager's improvement plan included reviewing the person's weight with their GP and setting a target weight during their planned annual health check.

The person had access to the healthcare they needed and had recently changed their GP. The person was supported by a learning disability nurse and they had dental check-ups. An optician had visited but was unsuccessful in testing the person's eyes so they planned to visit again.

Good

Is the service caring?

Our findings

We saw that staff were very caring and cared passionately about the person. There was a warm, friendly and fun atmosphere at the home. Staff actively engaged with the person and played games, and play acted out scenes from television at the person's request. The person and staff laughed together. The person's relative told us that staff were "compassionate and very caring". The person signed 'happy' and 'home' when we asked them by Makaton signing if they liked living at the home.

We saw the staff respected the person's privacy and dignity. Staff sought the person's permission before entering their bedroom. They supported the person to open the front door when we arrived. The person was free to move around the house and did so during our visit. There were comprehensive guidelines and best interests decisions in place for the viewing panel in the person's bedroom door.

Staff told us they encouraged the person to take part in day to day jobs around the house but they were not that interested. Staff said the person would sometimes help with the dusting and laundry.

A relative told us they were free to visit and keep in contact with their family member. They spent time with their family member at the home and out in the community three days a week. They said they phoned every evening to speak with staff to see how their family member's day had been.

Good

Is the service responsive?

Our findings

During the inspection our observations showed us that staff were very responsive to the person's needs. They understood the person's communication and responded to every request they made to draw pictures, to play act out scenes, look at books and to get them food and drink when they wanted it.

The person also used a Picture Exchange Communication System (PECS) symbols. This is a system to assist people in communication that are unable to do so through speech. There were detailed and comprehensive support plans in place that detailed how the person liked to choose activities and plan their day. We saw the person had put up PECS symbols to show what they were going to do next.

The person had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. The person's care records included their life history, important relationships, how they communicated, their strengths, things they enjoyed and things they didn't like. The person's relatives told us they had been involved in developing the person's care plans but there had not been any goals set recently.

Staff had a communication book where they recorded what the person had been watching on DVD or television, what characters they were likely to use a Makaton sign for and what they had enjoyed doing the day before. Staff told us this was very important as the person could become frustrated if staff did not know what the person was trying to communicate. This was supported by the person's relative who told us it was important for the person to be engaged in fun play acting and to watch fun DVDs or television programme. They told us the person enjoyed mimicking what they had seen and that it was important that did not watch television or films that included any violence.

The person's relative and staff identified that the person had become very reluctant to get out of the car and go into the community with staff. The person did like to go out in the car and they directed staff by pointing which direction they wanted to go and staff followed these directions. The person went swimming, for forest walks and out in the camper van with their relatives but would not do these activities with staff.

The regional manager told us following the inspection that a staff member had successfully accompanied the person and their relatives on an activity in the community. It was anticipated that if the person accepted staff accompanying them and their relatives on activities, they may feel more confident in staff supporting them with activities in the community.

Staff told us the person would take themselves to use their computer but this had reduced following a period of time when the computer and the internet had not worked. Both staff and a relative said this had meant the person had lost confidence in the computer and they spent less time occupying themselves with the computer.

There was a written and pictorial complaints procedure displayed and the person's communication dictionary included details as to how they would let staff know if they were unhappy or worried. This

detailed the signs or words/sounds the person would use or how they would behave.

The person's relative told us they knew how to make a complaint and that they were encouraged to make a formal complaint. We reviewed the most recent complaint. We saw that the issue was resolved and the complaint had been responded to in line with the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The culture within the service was very personalised and led by the person who lived at the home. Feedback from staff, a relative and a professional and the findings of the inspection told us the management of the home was reactive rather than proactive. We acknowledge that action was taken in response to any concerns or issues we fed back to the acting and regional manager. However, this remains an area for improvement.

The service does not have a registered manager. The previous manager left in September 2016. There was an acting manager in post who was responsible for The Waves and another home for three people in the local area. They told us they visited The Waves two or three times a week. They were covering the post until a new registered manager could be appointed. However, they had identified and informed the regional manager shortly before the inspection they wished to step down from the role. This was because they preferred to work directly with people rather than managing the homes. The regional manager told us they were in the process of interviewing prospective registered managers.

A senior support worker told us they did not have sufficient supernumerary time to complete the tasks they were responsible for and to have some time out when needed. They explained that this was because the person's need for intensive interaction had changed and as an experienced member of staff the person was more likely to want to interact with them rather than with new staff. In response to these concerns the regional manager agreed for the senior support workers to have supernumerary time to complete tasks at another home in the local area.

Staff said they were supported by the acting manager, they were approachable, and that they listened to staff and acted on what they said. Staff told us they did not feel they always had the support they needed following incidents where the person had needed positive behaviour support. They said that because there were two staff they were able to debrief with each other. However, they felt they would benefit from actually having some time out following any incidents or days when there were very high and intensive interactions from the person. Consideration should be given as how this can be achieved in the service.

The relative told us they felt the communication between the home and them had not been effective over recent months. They suggested that a communication book may assist with this. We fed this back to the regional manager who took immediate action and implemented this.

The staff were committed to the person and wanted to look at ways of improving the person's life and experiences. There were monthly staff meetings and the minutes were available to staff. Staff knew how to whistleblow and information was displayed.

There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. The acting manager sent us a copy of their action plan and they had taken action to meet any areas for improvement identified by the quality team. In addition, the senior staff team undertook

reviews of medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents. We saw that where any shortfalls were identified in these reviews actions were taken.

Information and good practice was being shared across the homes in the area by the managers at their monthly managers meetings.

Unannounced evening, night time and weekend spot checks were undertaken by both the manager and other managers in the area. Records of these visits were kept.

There were systems for monitoring any accidents or incidents. This included reviewing all incidents on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. These accidents and incidents were also reviewed by the regional manager and the wider organisation. This was to make sure appropriate action was taken in response to any incident and accidents. There was learning from safeguarding, accidents, incidents and complaints. The acting manager fed back at staff meetings any learning from incidents.

The acting manager notified us of important events and incidents as required by the regulations.