Mr J R Anson & Mrs M A Anson

Harbour House

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

Overall summary

Harbour House is a care home which provides care and support for up to 20 older people. On the day of this inspection there were 20 people living at the service. The service also had an independent living flat in the grounds where one person was living at the time of this inspection. This person did not receive any care from the staff at Harbour House but visited the service for meals.

There was a registered manager in post who was responsible for the day-to-day running of the home. 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 and associated Regulations about how the service is run.

We carried out this unannounced comprehensive inspection on 28 May 2015. We last inspected the service in June 2013. At that inspection we found no concerns.

We inspected the home over one day. The service was on two levels with a choice of spacious areas in which

Summary of findings

people could spend their time. The building was an older building but was well maintained by a maintenance team shared with other homes in the group. The service had an outside area which people who lived at the service could enjoy.

The atmosphere was relaxed and calm with people moving around freely both inside and outside the service. Some people who lived at the service were self caring and spent their time in the local area independently at they wished. The service was a short walk to the sea. We observed care being provided and spoke with people who lived at the service, their families and healthcare professionals who visited the home regularly. All spoke positively about the staff and the registered manager and felt they were meeting people's needs. One person told us, "I am quite safe here, kind staff". A family member told us, "They (staff) are really good and thoughtful about what (the person) wants."

The service had safe arrangements for the management, storage and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed. Some people required prescribed creams, however, creams were not dated when opened. This meant staff were not informed when the cream would expire and was no longer safe to use.

Staff working at the home understood the needs of people they supported. Staff received training and support which enabled them to be effective in their care and support of people in the service. Staff were aware of how to raise any concerns they may have about any abuse. Both the registered manager and staff and were aware of their responsibilities regarding the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff were kind and respectful when supporting people and provided them with choice. Families told us; We are very happy, (the person) is treated with dignity and respect" "We are quite pleased, we visit often and are happy with the care"

There were sufficient numbers of care staff to support the needs of the people living at the service. However, the service was experiencing a temporary shortage of available staff to cover shifts as staff were taking annual leave and some were unwell. Staff told us; "As there are only two of us, it can be difficult especially when one is doing medicines" and "At least three (people) need two staff, we just have to leave what we are doing and get on with it." One family member told us, "There is quite a change of staff."

The service had an effective recruitment process in place to ensure new staff were safe to work with older people. The service had one care staff vacancy at the time of this inspection.

The care plans at the service contained information to direct and inform staff regarding the needs of each person, and how they wished their care to be provided. Staff were aware of people's preferences and choices. Care plans were personalised and held information on people's past lives. However, the files used did not hold the contents of people's care plans, or staff files securely, with pages falling out when the files were opened. The service was due to move all their records on to an electronic system which was being rolled out across the group of homes in the next few months.

All food was prepared on the premises in the kitchen of the service. People told us they enjoyed the food saying; "I have had a lovely lunch. The food is always a delight" and "They do nice carrots." Mealtimes were a social occasion with people chatting to each other and the staff happily.

People were encouraged to go outside and enjoy the local area, and families were encouraged to visit people who lived at the service. Staff used this information to have meaningful conversations with people and supported them with relevant activities which they enjoyed. The service had been supported to take part in a project to enable people to use information technology and communicate with their families and friends outside of the service. The project had provided the service with 22 tablet computers which will remain with the service after the project has finished. People used the tablets to access' You Tube' to watch old film clips, information about the local area, 'TED' talks on subjects they were interested in, poems and social media. People had access to the Cornwall Library e-books which had helped one person to return to reading all the latest titles on a regular basis as they could be accessed in a larger print.

The service had good relationships with external healthcare professionals who ensured effective care

Summary of findings

delivery for people whenever they needed or wanted it. Families and staff felt they could raise any concerns or issues they may have with the manager who was approachable.

Summary of findings

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 safe. The management, storage and administration of medicines was effective.

Risks to individuals living at the service where identified and managed.

There were sufficient numbers of staff to meet people's needs.

Good

Is the service effective?
The service was effective. New staff received an induction and support from experienced staff before working alone.

Where people did not have the capacity to make decisions for themselves, the service acted in accordance with the legal requirements.

Staff were knowledgeable about how to meet individuals needs.

Good

Is the service caring?
The service was caring. People were supported by staff who were caring and kind and respected people's privacy and dignity.

People, their families and staff told us they felt their views were listened to and acted upon.

Staff respected people's wishes and provided care and support in line with their wishes.

Good

Is the service responsive?
The service was responsive. Care plans contained information which was personalised and included life histories, this guided staff how to provide care that was individualised.

Activities provided were relevant and meaningful to people.

People, their families and visitors were confident they could raise any concerns and that the issue would be addressed appropriately

Good

Is the service well-led?
The service was well-led. The registered manager supported staff and was approachable.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service provided.

The service was well-maintained and equipment was regularly checked to ensure it was safe to use.

Good

Harbour House

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 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.

We inspected Harbour House on 28 May 2015. The inspection was carried out by two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to sent us by law.

During the inspection we spoke with the provider, the registered manager, eight people who lived at the service, and three staff. Following the inspection we spoke with three families and two healthcare professionals who visited the service regularly.

We looked around the service and observed care and support being provided by staff. We looked at four people's records of care. We looked at three staff files and records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us, "I am quite safe here, kind staff". Families were happy with the support provided by the service for their relatives. They told us; "Yes (the person) are safe there (at the service)" and "They (staff) call me when needed."

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. We looked at the safeguarding policy and found it contained accurate information about the various types of abuse and the process for raising concerns. However the policy did not contain the contact details for the local authority, who were the lead authority in the investigation of abuse concerns. The training records held on the computer at the service confirmed staff had undertaken safeguarding training. The registered manager confirmed all staff had received training on safeguarding adults.

Care records contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance for how many care staff and what equipment was required to move a person safely. Some people were at risk from falls and this had been assessed and the records directed and informed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for individuals in a consistent way.

Each person had Personal Emergency Evacuation Plan (PEEP) information which identified the action to be taken in the event of an emergency evacuation of the service. Staff were advised what support each person required. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced. As a result of the recent audit one person who had experienced increased falls in their room had an alarm installed on their chair during the day, and on their bed at night. This alerted staff when the person was moving so they could provide appropriate support. The result of this recent action was being monitored to ensure the falls reduced.

We looked at the arrangements in place for the administration of medicines at the service. It was clear from the Medication Administration Records (MAR) people had received their prescribed medicines at the appropriate times. Some people were prescribed creams. The creams had not been dated upon opening. This meant staff were not advised when the cream would not be safe to use and need to be disposed of as expired. The registered manager told us this would be addressed immediately.

Some people at the service self administered their own medicines. A locked cupboard was provided in their rooms for safe storage. Risk assessments had been completed to ensure people were safe to administer their own medicines and these were regularly reviewed.

The service had arrangements in place for the recording of medicines that required stricter controls. These medicines require additional secure storage and recording systems by law.

The service stored and recorded such medicines in line with the relevant legislation. We checked the balances of these medicines held by the service against the records kept. The stock balanced, however there were several instances where a quantity of a medicine had been returned to the pharmacy as no longer required, but the balance held had not been zeroed. This meant the balance held still showed as the amount returned, this was addressed during the inspection by the registered manager. We checked the audit trail for one of the returned medicines, still showing as a balance held, and clearly saw it had been returned to pharmacy. This meant it was an administrative error. Staff who administered medicines had received training in the safe administration of medicines. Some staff did require refresher training and the registered manager assured us this was planned.

We checked the process for recruiting new staff at the service. We looked at the personnel file for a new member of staff. A full employment history was not shown on this file. The form used only allowed for the past two employers to be entered. The registered manager told us that an old form had been used in error and the correct form did allow for multiple previous employment details to be recorded.

Good

Is the service safe?

We checked the personnel files for two more staff members. These files showed a full employment history. Checks had been made to help ensure new staff were appropriately skilled, had the necessary knowledge and were suitable to work with older people who may be vulnerable.

The service was experiencing a temporary shortage of available staff to work at the service. This was due to staff taking annual leave and three being on sick leave. The service was recruiting for one carer at the time of this inspection. Remaining staff were covering the shifts which were 7.30 am to 2.30pm, then 2.30pm to 9.30pm, and night staff worked 9.30pm to 7.30am. The day shifts were being covered by some staff working long days from 7.30 am to 9.30pm. Staff told us this was tiring but told us it was "just for a short period of time." The registered manager told us they could use agency staff but preferred to have staff, that knew the people who lived at the service well, supporting them rather than unfamiliar staff. We checked the staffing rota for the past and forthcoming week. There were two staff covering each shift throughout the day with the registered manager available to support staff at all times. Some people who lived at the service were self caring and able to go out and about in the local community unsupported if they chose. Staff told us; "As there are only two of us, it can be difficult especially when one is doing medicines" and "At least three (people) need two staff, we just have to leave what we are doing and get on with it." One family member told us, "There is quite a change of staff."

People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in the lounges and dining areas, so that people could call upon them if required.

Good

Is the service effective?

Our findings

During the inspection staff were available to support people with their needs. Staff were heard chatting with people about their interests and what they would like to spend their time doing. There was a cat living at the home and people clearly enjoyed the presence of the animal around them in the lounge. People's bedrooms contained personal pictures and ornaments which helped the service to have a familiar feel for people who lived there.

Staff told us they had access to a variety of training to support them in their roles. The registered manager confirmed there were staff who required refresher training and this was being arranged. We were sent the training records which were held on the computer at the service after the inspection. This record held the dates specific training subjects had been undertaken by staff. Most staff had attended training such as safeguarding adults, fire safety and moving and handling. Some staff had undertaken additional training to meet the needs of people living at the service such as dementia care and palliative care. There was a notice board in the corridor of the service which provided a variety of advice and guidance for the staff. For example, dementia awareness and moving and handling guidance, as well as information about the Mental Capacity Act 2005 (MCA) and medicines management.

From staff files we were able to see there was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. Staff confirmed they received supervision regularly and that it was beneficial to them. Staff were given feedback from observations of their work and from residents and families. Staff told us; "The manager is very approachable and very supportive" and "We are a really good team and we provided good care." The registered manager held staff meetings regularly. This provided opportunities for staff and management to share information regarding the running of the service, and share ideas and experiences.

People were asked for their consent prior to care being provided. All the care plans we reviewed had been signed by the person, or their representative, in agreement with the content. Staff had received training in the MCA and although staff we spoke with demonstrated an awareness of the MCA and told us how they cared for each individual, some staff were not clear on the related legislation laid down in the MCA regarding the Deprivation of Liberty Safeguards (DoLS). However, staff knew they were not able to restrict anyone who had the ability to make decisions for themselves.

The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant . The service considered the impact of any restrictions put in place for people that might need to be authorised under the DoLS. The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. The registered manager had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the DoLs team at the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Staff were aware of people's rights to make decisions for themselves and told us of situations where they had facilitated people's wishes and choices where possible. For example, when they would like to go outside and when they wished to return. The front door to the service was locked but people had the key and could come and go as they pleased. The registered manager had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. There was evidence of capacity assessments and best interest meetings having taken place to support specific decision making for some people. The service had a copy of the Code of Practice for the MCA available for staff to access if required.

People told us; "When they come around to ask us what we would like for lunch, they make is sound so exciting," "They ask us how do we like our pasties" and "Very good food, we get a choice." Families of people who lived at the service told us; "(the person) is not eating very well, but they always let us know if there is any change" and "They (staff) are really good and thoughtful about what (the person)

Good

Is the service effective?

wants .” We observed lunch being serviced in the dining area. Tables were laid with tablecloths, fabric napkins in rings, cutlery, and condiments including sauces. People were offered sherry with their meal if they wished. The meal was a sociable occasion with people chatting happily to each other and the staff who were serving meals. People were offered a choice of drinks with their lunch. People told us; "I have had a lovely lunch. The food is always a delight” and “They do nice carrots.” In the kitchen of the service we saw dietary requirements were catered for. The service prepared all food on the premises including home made cakes. The service had undergone a HACCP (Hazard Analysis and Critical Control Point) check in January 2015 and had been awarded five stars for the kitchen. The HACCP is a system that helps food business operators look at how they handle food and introduces procedures to make sure the food produced is safe to eat. The kitchen staff showed us the regular checks which were recorded in accordance with “Better Food, Better Business” procedures.

In one person’s care plan it stated; “Use correct cutlery and follow SALT (Speech and Language Therapy) guidance” and “Uses two handled cup”. We saw this person eat their meal in their room. The guidance was followed by staff. This meant the staff were aware of people’s individual needs and their care plans. During the inspection we observed staff offering a variety of drinks to people. There were drinks available in their rooms, lounges and dining room.

Some people were having their food and fluid intake recorded by staff so that this could be monitored. We were told by the registered manager that some people were having this monitored, “all the time so staff record everything.” This was because the person had suffered weight loss in the past or had been reluctant to eat sometimes. However, these records were not always completed by all staff. The registered manager told us they monitored the charts and said there were “sometimes gaps.” We discussed this with the provider and the registered manager who told us they would consider reviewing the criteria for when people had their intake monitored and for what period. This may help ensure staff would be prompted to record people’s intake effectively for specific periods of time.

We attended the staff handover meeting held by the morning staff to advise the afternoon shift of any information that required to be shared about the people at the service. Staff spoke knowledgeably about each person and their present needs.

Care records evidenced the on-going involvement of community healthcare professionals. People were able to access their GP and the district nurse and other specialists as required. The district nursing team visited regularly to provide care to people.

Good

Is the service caring?

Our findings

People said they were well cared for at Harbour House. They told us; “Wonderful staff, no complaints at all,” “Everything is proper,” “Kind staff” and “The staff are very patient, there when you want them.” Families we spoke with told us: “We are very happy, (the person) is treated with dignity and respect” “We are quite pleased, we visit often and are happy with the care”

Staff were respectful and protected people’s privacy. Staff spoke with people in a low voice to ask if they required assistance to the bathroom. People’s bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were dressed in clean clothing and appeared well cared for. Some women wore jewellery and had their nails painted. One family told us,” (the person) is always lovely and clean, in clean night gown with a clean bed, and her hair brushed.”

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. The door from the conservatory to the grounds and the street beyond the car park was open throughout the inspection. People returned from having been out walking throughout the day.

The registered manager had held residents meetings to seek their views and experiences of the service and to help ensure people felt actively involved in the running and improvement of the service. Families told us they felt they could approach the staff and the registered manager at any time to discuss the care of their family member and they would be listened to.

Good

Is the service responsive?

Our findings

One person who had recently come to live at the service told us; “They (staff) have helped us to settle in and our daughter comes every day” and “They talked about what care we needed when we came in.” Another person told us; “the view from here is one you can’t beat anywhere, just lovely.” Families we spoke with told us; “They get (the person) out of bed regularly, she will ask to go back to bed as her back hurts, but they (the staff) try to encourage her to sit out.”

People were happy living at the service, they told us they were offered a variety of activities such as Bingo, keep fit, quizzes, as well as religious services bought to them by visiting clergy.

People told us; “I sometimes go out with staff for a coffee, its just nice to go out sometimes,” “Marvellous staff” and “We did exercises yesterday, lovely.” There were photographs displayed in the service of people enjoying activities that had recently taken place. On the day of this inspection some of the people joined up with other people, who lived at several other services in the area, at a local hotel for a tea dance. Unfortunately, on the day of this inspection the religious service which had been due to take place in the afternoon did not happen as the person holding the service did not arrive. Some people were very disappointed about this and told us so. We were told this had happened before. The registered manager told us they would contact the visiting clergyman to see what had happened and re arrange the service.

The service shared their activities co-ordinator with other homes in the group. The activity co- coordinator joined people together from different homes in the group for specific activities, so that they could make new friends and share similar interests. There were trips out regularly. There was an advertised planned activity schedule available to people. The service was involved with the Arts for Health project to improve health and well-being through creativity. Also the service had been supported by a student from the local university, in conjunction with a telephone provider, to take part in a project to enable people to use information technology and communicate with their families and friends outside of the service. The project had provided the service with 22 tablet computers which will remain with the service after the project has finished. People used the tablets to access You Tube to watch old film clips about the local area, TED talks on subjects they were interested in, poems and social media. People now had access to the Cornwall Library e-books which had helped one person to read on the latest titles a regular basis in a larger print. There was a large computer screen and large key pad available to people in the dining room for the purposes of skype. This was a computer application that enabled people to talk, in real time, to others whilst seeing their faces on the other end of the line. This had been very helpful at keeping people in touch with relatives abroad.

Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. Care plans were reviewed regularly to take account of any changes which may have taken place. People and their families were aware of their care plans. One care plan stated, “For (the person) to be involved in monthly reviews.” Other care plans clearly stated people’s individual preferences; “Likes small portions on a small plate, fork mashable” and “Ensure call bell is to hand at all times.” During the inspection we visited people in their bedrooms and saw they had access to the call bell.

Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People’s weight was monitored regularly to ensure their nutritional intake was sufficient. Care staff wrote informative daily notes above how people had spent their times as well as recording the care that had been provide for them. Some people were self-caring but staff still checked to ensure there was nothing the person needed and recorded this along with how they spent their time. This meant there was a complete and contemporaneous record in respect of each service user. The records were not held in secure files. The contents of people and staff files easily fell out when opened. The service was due to have all their files transferred to an electronic system which was due to be rolled out across the group of homes in the next few months. This meant the service was addressing the issue of people’s information not being held in secure files. The files for people and staff were held securely in the registered managers locked office.

Good

Is the service responsive?

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and

friends. Information regarding people's past lives had been recorded in their files, this helped ensure staff were able to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time.

People and families were supported with information on how to raise any concerns they may have and were provided with details of the complaints procedure when they arrived at the service. Families told us any concerns raised were quickly dealt with by the management and staff. We saw details of concerns that had been raised with the service. The were records to show the concern had been investigated and the person raising the issue had been contacted to tell them of the action that had been taken to resolve the issue.

A quality assurance survey had been sent out six weeks prior to this inspection. Twenty-five responses had been received and a few more were expected prior to an audit of the responses being undertaken. The registered manager told us there had been a previous quality assurance survey done before they were the manager but the results of this survey were not complete

Good

Is the service well-led?

Our findings

People who lived at the service spoke positively about the registered manager and the staff and felt they could approach them with any issues and that they would be heard. Staff felt well supported by the registered manager. Healthcare professionals told us they had no concerns regarding the management of the service.

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by the provider. The registered manager worked during the week alongside the care staff as needed and was available to be contacted when off duty.

Staff were motivated and staff told us they were happy working at the service. One member of staff told us, “This is a gem of a home.” The service was under some pressure at the time of this inspection due to a temporary shortage of staff as people took leave and were unwell. The registered manager was supporting the care staff through this period by working alongside them providing care. One member of staff had recently transferred from one service, within the group, to this service. Their personnel file had not been transferred with them. Some staff had not been offered appraisals recently. We discussed these concerns with the registered manager who confirmed to us this would be addressed.

The ethos of the service was clear to staff as they confirmed they behaved in a way that was always kind and caring. The registered manager told us they felt it was very important that staff not only behaved in this way towards people who lived at the service, but also towards each other.

The registered manager showed us the audits that were carried out in order to monitor the service and continuously improve it. This included medicines and a privacy and dignity audit of care provided.

The registered manager told us they were well supported by the provider and the operations manager for the group of homes. They told us they had required support regarding the contracts that were set up when people moved in to the service and this had been provided by the senior management team. Regular supervision was provided for the manager by the provider and the operations manager as well as senior management team meetings which were held every three months to discuss any issue regarding the smooth running of the services in the group.

The maintenance of the building was kept under regular review. Any defects were reported and addressed by the groups maintenance staff. There were regular checks of equipment used at the service including wheelchairs, hoists, door guards and fire doors. The manager was the service infection control lead. This helped ensure there was a clear process for action to be taken in the event of an infection at the service.