

Safeharbour West Midlands Limited

Safeharbour (254 Hagley Road)

Inspection report

254 Hagley Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 March 2018 and was unannounced.

254 Hagley Road 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.

254 Hagley Road accommodates seven people who may have learning disabilities and /or may live with autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." The service did not consistently comply with the Registering the Right Support and the registered manager was not aware of the policy.

There was a registered manager in post at the time of our inspection. 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 provider and staff practices of managing people's medicines, was not safe. We found medicines that were out of date, failure to book in medicines correctly meant it was difficult to check exactly how stock was available and so be able to audit. Some medicines were stored in boxes where the instructions had faded so it made it difficult to read. Staff medication administration competencies had not been checked annually. People's PRN protocols were not sufficiently detailed, to direct staff when they should be given. Medication audits had failed to identify the shortfalls.

The provider had not taken steps to ensure the systems used to monitor and check the quality and safety of services provided were consistently effective and supported improvements.

Although the provider had notified the Local authority of safeguarding incidents, they had failed to report the events to the Care Quality Commission in the form of notifications.

People felt safe living at the home and staff treated them well. Staff knew how to recognise abuse and were clear about their responsibilities to report safety concerns to the registered manager. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible; they were safe to work with the people who lived there.

People were supported by staff who had received training and the skills necessary to support them. Staff

had received training in MAPA, [Management of Actual or Potential Aggression] techniques, but had kept this intervention to the minimum. Incidents were recorded and monitored.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. Staff respected people's right to consent to and make their own decisions about their care and treatment. Where people did not have capacity to make their own decisions, although the provider systems were in place to support the ethos of people's decisions being made in their best interests. Not all best interest decisions taken had been recorded.

People were assisted to access health and social care professionals as required to maintain their health and wellbeing.

Staff had built positive relationships with people, showing acts of kindness when providing people with support to meet their particular needs. People were supported with personal care which met their preferences and supported their dignity and privacy. People were encouraged to maintain relationships important to them.

People were provided with meal choices and received assistance to eat their food to support their levels of independence. Staff provided hot and cold drinks so they could remain hydrated. Menus were in a pictorial format to help people understand the choices of offer.

People's particular needs were responded to so people's care experiences were enhanced by staff practices. Staff had the information they required within people's care plans to support them in providing and delivering responsive care. Staff were given verbal feedback known as 'handovers' at shift changeovers to learn about changes in people's needs.

Although some people living at the home used Makaton as a form of communication, not all staff had been trained. However the registered manager had requested further training for staff from the provider.

People were offered choices of activities and had opportunities to have holidays.

Staff felt supported by the registered manager and we heard how teamwork was valued. The registered manager valued their staff team and had a vision to improve the service delivered to people.

People believed the registered manager was approachable and were comfortable in raising any concerns they had.

The provider had to display their current inspection ratings which is a legal requirement to show people had access to the ratings to inform their judgments about services

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider and staff practices of managing people's medicines, was not safe. Medication management processes and protocols were not consistently followed.

Risk assessments had been recorded for staff to follow.

People were safe from the risks of abuse, because staff understood their responsibilities to keep people safe from harm.

Requires Improvement ●

Is the service effective?

This service was not consistently effective.

People were asked for their consent by staff before performing any tasks. However where Best Interest decisions had been taken they were not always recorded.

Staff completed induction and training when they started to work at the home.

People had a choice of food and drink which met their preferences and supported them to maintain their healthy.

Requires Improvement ●

Is the service caring?

This service was caring.

People were supported by staff who they considered were kind and understood their personal preferences.

Staff showed they knew how to support and maintain people's privacy and dignity and promote their independence. Support was provided to people so they could maintain relationships which were important to them.

Good ●

Is the service responsive?

This service was responsive.

People received care which was responsive to their needs.

People were provided with opportunities to pursue hobbies and

Good ●

interests. Plans to guide staff in supporting people were detailed and up to date.

People and their relatives knew how to raise a concern or complaint.

Is the service well-led?

The service was not consistently well-led.

The provider had not made sure there were effective quality arrangements and checks were in place to assess and monitor the quality and safety of the service. Statutory Notifications had not been sent to CQC following safeguarding events.

Staff felt supported by the registered manager. Relatives felt the registered manager was approachable, and staff felt able to speak to the registered manager at any time.

Requires Improvement ●

Safeharbour (254 Hagley Road)

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 12 March 2018 and was unannounced. The inspection team consisted of two inspectors.

The inspection was prompted in part following concerns raised by professionals about the management of risk regarding the safe care and treatment of people living at the home. This inspection examined those risks.

During the inspection we spoke with one person and two relatives about what it was like to live at the home. We spoke with four staff members about what it was like to work at the home. The registered manager spoke with us about their management of the service. In addition we spoke with a visiting professional during our inspection.

We sampled two people's care plans and daily records to see how their care and support was planned and provided. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We looked at the results of the provider's quality checking and monitoring arrangements to see what actions were taken and planned to improve the quality of the services provided. This included the recording and analysis of accidents and incidents, records of any incidents where restraints were used and feedback records/audits with people who lived at the home, relatives and staff.

Is the service safe?

Our findings

At our previous inspection on the 4 April 2017, we rated this question as good and found people's safety was being managed with risks reduced. Following this inspection we have changed the rating to requires improvement.

We looked at how people were supported with their medicines. We found some discrepancies with the Medication Administration Records [MAR] to accurately show people had consistently received their medicines. For example on one person's MAR sheet it stated one person was to be given their medicine at night, but on the box the prescribed instructions said it should be administered in the morning. Staff told us they had been administering these medicines at 8pm on the instructions of the person's consultant for some time but had not sought to get the prescription changed to give the correct instructions. We found medicines in boxes where the name of the person and instructions were faded making it extremely difficult to see what and whom the medicines were prescribed for. The provider had a system of storing extra "emergency medicines" in case of medicines being destroyed. We found some of these stored medicines had gone past their best before date, we recommended they be returned to the pharmacy.

We found it difficult to accurately audit the medicines because the quantity of medicines received had not always been recorded and the amount of any unused medicines carried over on the MAR sheet. For example we saw one rescue medicine used for epilepsy stated there was none received or carried over on the MAR sheet, but when we checked the medicine cabinet we found there were twelve doses. Medicine audits performed had failed to identify the shortfalls.

Where people were prescribed 'as required' [PRN] medicines there were not sufficiently detailed protocols in place to guide staff as to when the medicine may be required or make an informed decision as to whether or not to administer the medication. We found one person's night time medication was not recorded as PRN correctly on the MAR sheet as prescribed. So any staff who were unfamiliar could have administered them routinely on a daily basis.

We saw the medicine fridge temperatures and medicine cabinet temperatures were not always recorded to show medicines were stored within a safe range to ensure they continued to be effective.

When we asked a staff member when they had their medicine administration competency checked they told us it was "Some time ago." We asked the registered manager when they had last undergone medication competency checks. The registered manager told us they had not had their competency checked by the registered provider.

One person we spoke with told us, "I do feel safe living here." One relative told us, "I have peace of mind knowing [person's name] is living there."

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They knew how to recognise the different types of abuse and had received the relevant training in

how to keep people safe from abuse. They understood the responsibility they had for reporting incidents of potential abuse to people and were confident the registered manager would take action on any concerns they raised. We saw from records where concerns had been raised with the registered manager they had taken action to make sure people were safe and their needs had been met.

Staff we spoke with told us about how they had been trained to use distraction techniques and a specialist training called MAPA to reduce how people presented their anxieties and behaviours that may challenge. We saw staff recorded any incidents that required physical intervention; although guidance for staff didn't always detail a step by step process of techniques they could try to diffuse the person's anxieties. We were told by the registered manager it had only been necessary to use these techniques six times over the last twelve months. The incidents had been recorded and details of the incident and which person and staff were involved. We were told at the inspection referrals had been made to behaviour nurse specialists for further advice, review and guidance in how best to manage people's behaviours.

The registered manager had developed and reviewed care documentation, so risks to the people who used the service were documented to guide staff in supporting them safely. The registered manager told us, " I like to type up the care plans, reviews and amend myself. That way I know the contents and get to review them at the same time." One example showed what support the person required for their safety whilst out in the local community because of their phobia towards animals. Where health conditions could place the person at risk these were documented into the care records so staff had the information and guidance required so avoidable risks were reduced. This included regularly reviewing of the documentation by the registered manager so any changes to people's risks would be clearly documented for staff guidance. Staff were able to tell us in detail how to recognise risks to people. For example one staff member explained. " If [person's name] facial features change and they start slapping their head, it could mean they may be about to have a seizure."

The registered manager and the provider had a system in place to monitor any accidents and incidents. However we did not see any examples of how any trends were discussed with staff so lessons could be learned to improve people's care and safety and to help prevent them from happening again.

A relative told us they thought there were enough staff employed at the home to care for their relative but commented, "There are a few long term staff, but lots of new staff" [due to the turnover of staff]. A staff member told us, "Staff turnover is quite high really, but we've never had an issue with having enough staff. We all help out to cover." Another staff member told us " I think the reason for staff leaving is they either don't like this type of work or they move on to improve their career." The registered manager told us the reasons for six new staff starting work at the home was in response to an increase in a person's dependency needs not staff leaving. In the day of our inspection we saw there were enough staff to meet the needs of the people living at the home.

Staff we spoke with told us the appropriate pre-employment checks had been completed prior to them coming into post. These checks helped the provider make sure that suitable staff, were employed and people who lived at the home were not placed at risk through their recruitment processes. The provider had a system in place for ensuring all Disclosure and Barring Service [DBS] checks were made.

The provider, the registered manager and staff team worked together to ensure the risks to people of infections was reduced. For example, staff knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves and aprons. Staff told us there was always a good supply of personal protective equipment available to them.

We saw there were plans in place for responding to emergencies. The registered provider had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan [PEEP]. The plans outlined the support people required should there be a need for them to be evacuated from the premises in an emergency.

Is the service effective?

Our findings

At our previous inspection 4 April 2017, we found care was effective to the particular needs of the person who used the service. We gave this question a rating of good, however at this inspection due to concerns identified we rated the service as requires improvement.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed how the registered manager had ensured people's freedom was not restricted.

We found that a number of DoLS applications had been submitted and authorised by the local authority. We also reviewed how the registered manager had made a decision about the person's capacity to make decision. Although we saw in people's care records some decisions had been made in a person's best interests, people, their relatives or advocates had not been involved in the decision making process. Not all best interest decisions taken had been recorded for example, three people had listening devices in use for their safety, but no best interest meetings/decisions had been recorded. The registered manager told us they would rectify the situation promptly. During the inspection we heard ask people's permission before performing any tasks. For example we heard staff ask a person if they would like to go out. Staff were kind and patient with the person and waited for them being careful not to rush them.

All staff received an induction when they started work at the home. This process included working alongside experienced staff members to assist staff in becoming familiar with people and getting to know their different roles. On the day of our inspection we saw a new staff member start their induction in the home. They were provided with a comprehensive induction pack and a set of training materials to watch. A staff member told us, " When I started work here I did all the necessary courses and this included my MAPA training." MAPA training [Management of Actual or Potential Aggression] was given to all staff to assist them in managing people's behaviour that may challenge.

The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

Staff we spoke with told us they received training and support and that they could access further training if

they needed. Staff told us they had access to regular supervision and feedback on their performance.

We saw people were asked about their food preferences and offered a choice on the meals they were offered. Staff monitored people's food and liquid intake to ensure they didn't become dehydrated and so stayed fit and well. We saw people were assisted to make their own menu plans and supported to go shopping if they preferred. One relative told us "They [staff] have helped [person's name] to reduce weight."

People living at the home had a plan to address their health concerns. Two care plans we reviewed contained information confirming people's attendance at the appointments. We saw from people's care plans that people had accessed a number of support services such as GPs, hospital consultants and speech and language therapists. Staff we spoke with spoke knowledgeably about people's care. Staff understood people's health conditions and the on going support they needed from health professionals. A relative told us, they were contacted if ever their relative was unwell and medical intervention sought. We saw people had regular well person checks with their doctor and a communication passport . A communication passport collates information about the person in case they need to go into hospital.

We saw that people's bedrooms were personalised and signage was available in an easy read format to help people find their way around the home.

Is the service caring?

Our findings

At our previous inspection on 4 April 2017, we found people who used the service liked the staff that provided their care and felt they were caring. We gave this question a rating of good and this remains the case at this inspection.

A person who used the service was positive about the staff members that cared for them. The person told us, "The staff are nice." A relative told us "Staff are very professional and caring." We saw staff interacted with people in a kind caring way. Some staff had been trained in the use of a sign language called "Makaton" to help aid people's understanding. We saw staff use these skills when communicating with people.

The registered manager and staff spoke warmly about the people they cared for. The registered manager and staff knew people's preferences and what was important to them. Staff members could describe how they had built their knowledge about the people over time and used this knowledge. This meant people were provided with the care which respected their particular needs. One relative told us, "I don't know what we would do without them [staff]. They do lots of things with him. He likes going to the park. They even walk his bike to the park so he can ride safely. They've taken him on holidays such as a theme park and holiday cottages."

We saw that care plans were being updated to reflect a more person centred approach. The registered manager showed us how care plans demonstrated how each person was being supported. Each person was supported by their Key Worker to demonstrate what was important to them and how they wanted their care delivered. A relative also told us they were in regular contact with the staff at the home, who kept them up to date and involved in making decisions about their family member's care.

Staff recognised the importance of treating people with dignity and respect. One staff member told us, "When I take someone to the bathroom, I make sure the bathroom door is locked and ask people nicely if they need any help."

Care records which included information about people's needs were stored securely in the registered provider's office. Staff had access to this information and understood the importance of maintaining confidentiality.

We saw people had access to advocacy services if required. The registered manager gave us an example of our one person was being assisted by an advocate because they didn't have relative representation in making best interest decisions.

Is the service responsive?

Our findings

At our previous inspection 4 April 2017, we found people who used the service liked the staff that provided their care and felt they were responsive to their needs. We gave this question a rating of good and this remains the case at this inspection.

We saw care plans had been developed so they reflected the personalised care the people received. The care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included each person's physical and health needs. For example, the care plans described the person's specific behaviour support needs. This was so staff who may not be familiar with the individual would have guidance to follow to support the person in receiving consistent care. Although we did find the care files contained lots of repetitive information and would benefit from clearer indexing. Each person's care was reviewed with them regularly by the registered manager who sought their and their relative views on the care they received to make sure it continued to be responsive to their particular needs. One relative told us, "I am completely involved with [person's name] care plan and reviews."

Staff told us people as much as possible had been involved with the planning of their care so they would receive the assistance they needed, in the way they preferred. The registered manager had tried to make the information accessible to people by translating the information into an easy read format. Easy read presents information in the form of pictures, to make it easier for people to understand.

We saw each person had their own activities timetable to follow [illustrated in easy read format] outlining the past times, they enjoyed for staff to follow.

People were encouraged to maintain their relationships with family and friends, A relative explained how the staff supported their relative to stay in contact with them and arranged weekly visits to the family home. They described the staff as being flexible and helpful when arranging these visits to suit the family.

We saw staff had signed records to confirm that they had read and understood how to support a person's needs. Staff told us they had handover meetings at the start of their shift. This contained information such as concerns or appointments a person had attended. It also contained any actions that had been taken or were required. Staff told us and we saw this information was used to update care plans and risk assessments. For example, changes in people's healthcare needs, so these could be consistently responded to.

People were supported to express their opinions in a variety of ways and which reflected their ability to do so. Staff we spoke with explained how each person communicated with them and how they used these methods to better understand people. Some people were supported to use methods of communication such as Makaton [a special sign language used to aid communication] and some staff understood and knew gestures that other people used so that additional support could be given. For example, we saw one person gestured to a staff member they were not ready to take their medicines. They respected their decision and

returned a few minutes later.

We spoke with the registered manager about not all staff being trained in Makaton, they told us they had put in a training request to the provider for the staff group to be trained. We saw pictorial aids were used around the home to aid people's understanding such as menu planning and activity timetables.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. Relatives we spoke with confirmed they had this information available to them and felt that if they had any concerns they could raise them. The relatives we spoke with told us they had no concerns about the service provided. We looked at the provider's complaints since our last inspection and one complaint had been received, although the action taken was not recorded. When we discussed the lack of outcome recording with the registered manager they acknowledged this oversight and assured us they would record follow up actions in the future.

Is the service well-led?

Our findings

At our previous inspection on the 4 April 2017, we rated this question as good and found people's safety and quality assurance processes were being managed with risks reduced. Following this inspection we have changed the rating to requires improvement.

A registered manager was in post at the time of our inspection, and was present throughout the day we inspected. 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.

During the inspection we identified there was a lack of good governance and oversight of the service provided. For example monitoring of medicines administration, medicines recording and storage. The registered manager told us, staff should have their medicine administration competency checked every twelve months but this had not occurred.

The registered manager told us the provider did a monthly audit of the service however they were unable to show us any evidence of the audit having been conducted in January 2018 and any shortfalls identified and actioned.

We found there was a shortfall in the recording of outcomes of a complaint and what action if any had been taken. Where Best Interest decisions had been taken on behalf of people there had been a failure to record when and by whom.

Provider and the registered managers audits had failed to identify these shortfalls which could put people at risk. Therefore people at the home were not protected and supported to be safe as the registered manager and the provider did not have full oversight of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Notifications had been submitted in line with guidance.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." The service did not consistently comply with the Registering the Right Support and the registered manager was not aware of the policy. The registered manager told us they would research this policy to update their knowledge following our inspection.

Relatives we spoke with were positive about the registered manager and described her as " Approachable." Another relative told us, "If ever I had a concern I'd pick up the phone and talk to [registered manager's

name]." Staff were equally complimentary saying they thought they could talk to the registered manager and discuss any concerns with her. The registered manager told us, they liked to do care shifts at least once a week, so they could understand and review people's care needs and support the staff team.

Staff told us regular staff meetings took place and they felt comfortable to discuss and make any suggestions that may improve the quality of care for people. Staff we spoke with described the culture of the home as being open and supportive. One staff member gave us the example how their suggestion of changing a person's activities had been listened to and accepted which benefitted the person concerned. A staff member told us they were aware of the whistleblowing policy should they need to raise any concerns.

The registered manager told us, she felt supported by the provider however felt they would benefit from more opportunities to meet with other managers to discuss updates in work practices. We saw the registered manager and provider had sought people, relatives and professionals feedback on the service provided to try to identify and continually improve the service provided. We saw comments such as "Lovely how a home should be." Another person had written, "Very welcoming and professional." about the staff team.

We saw that the registered provider was displaying the home's current rating as required by the regulations.