Safeharbour West Midlands Limited

Safeharbour (254 Hagley Road)

Inspection report

254 Hagley Road, Pedmore
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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?	Requires Improvement

Overall summary

This unannounced inspection took place on 10 February 2015. At our last inspection in November 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

Safeharbour (254 Hagley Road) is registered to provide accommodation for persons who require nursing or personal care for up to seven people. At the time of our inspection six people were using the service. People who use the service may have a range of needs which include learning disabilities or an autistic spectrum disorder.

The service had a registered manager. 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.

Summary of findings

Staff had been provided with training and were knowledgeable about how to protect people from harm. We saw that medicines management within the service was on the whole effective.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm.

The staff worked closely with a range of health and social care professionals to ensure people's health needs were met, for example psychiatrist and nurse specialists.

Staff were responsive in supporting people and interacted with them in a positive manner, using encouraging language whilst maintaining their privacy and dignity. People were encouraged to remain as independent as possible.

A variety of communication methods were adopted in order to maximise people's level of understanding. Information regarding how to access local advocacy services was displayed in communal areas.

It was evident that the registered manager promoted a culture in the service of putting people's needs at the centre of decision making and shaped the service accordingly. People and their relatives were consulted about all aspects of the planning of their care and in relation to the activities they were involved in.

People were involved in a range of activities of their choosing, both within the service and in the community. Planned activities were centred on people's individual abilities and interests. During our visit we saw that people were in good spirits and meaningfully occupied.

Feedback was routinely sought from people, their relatives and stakeholders as part of the provider's quality assurance system; these were analysed and shared with any plans for improvements outlined.

People, relatives and visiting professionals spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Quality assurance systems and assessments to identify issues that may put people using the service at risk were in place. The registered manager was able to demonstrate analysis of learning and changes to practice from incidents and accidents that had occurred within the service.

The provider supported the rights of people subject to a Deprivation of Liberties Safeguard (DoLS). However, the registered manager had failed to meet the requirement of their registration with the Commission by not informing us of the authorisation of DoLS for people using the service.

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?

Good

The service was safe.

Medicines were stored, handled and administered correctly.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Staff were knowledgeable about how to protect people from abuse and harm.

Is the service effective?

Good

The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People were provided with the nutrition they needed. We saw people had a variety of nutritionally balanced food on offer to them.

The registered manager and staff were fully aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS).

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the staff and the care they received. We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives, using a variety of formats. This included how to how to access independent support or advice.

We observed that people's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

Good

The service was responsive.

People and their relatives were actively involved in planning care. We saw that care was delivered in line with the person's expressed preferences and needs.

Activities offered within the service were planned in consultation with people and their relatives. These were focussed on people's interests and abilities.

Summary of findings

Visiting times were open and flexible enabling people to maintain links with family and friends.

The service provided written information about how to make a complaint. People and their relatives told us they felt able to report any concerns or complaints directly to the manager.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We had not received notification that people in the service had Deprivation of Liberty Safeguards (DoLS) authorised. This meant the provider was not fully meeting the requirements of their registration with the Commission.

People, their relatives and visiting health care professionals all spoke highly about the approachability of the registered manager. Staff told us the provider was apparent and supportive.

Staff received regular support and told us this was as an opportunity for them to discuss their development and progress.

Quality assurance systems including feedback from a variety of people and stakeholders of the service were routinely undertaken.

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 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.

The inspection of Safeharbour (254 Hagley Road) took place on 10 February 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience of learning disability and autistic spectrum disorder services. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. They did not return a PIR and we took this into account when we made the judgements in this report. We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

During our inspection we spoke with one person who used the service, two relatives, five staff and the registered manager. We observed care and support provided in communal areas. Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. Following our inspection we contacted healthcare professionals who had regular contact with the service to obtain their views.

We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to two people by reviewing their care records, we reviewed two staff recruitment records, all the staff training records, four medication records and a variety of quality assurance audits that senior staff and the registered manager completed.

Good

Is the service safe?

Our findings

During our visit we spent time in the communal areas and observed people were well supported by staff. People who used the service had a limited ability to communicate with us. Relatives told us they were happy with the support available and that they felt the environment was safe for their family member to reside in. One relative told us, "I looked for a service that would make my relative happy and safe and they have always done this very well". Another relative said, "My loved one is safe and well looked after".

Staff we spoke with demonstrated that they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to and how they would respond to protect people. The registered manager and staff told us that use of restraint was rare and this had only had been necessary once in the past year, and only after all other non-physical interventions had been exhausted. Staff had undertaken training in how to protect and keep people safe in a variety of ways. Staff were clear about what appropriate methods of restraint were. They told us the training they had received had equipped them with the necessary knowledge and information in order to protect and keep people safe. We had received some notifications from the registered manager in regard to incidents that had taken place within the service with evidence that the local authority had also been notified where necessary. One staff member told us, "If there are any problems or concerns, we can always discuss them with the manager".

Records we looked at showed that assessments had been completed in respect of any risks related to people's health and support needs. We saw that plans for managing risks when people were accessing the community were clear and comprehensive, with a number of potential situations considered. People or their relatives had been involved and contributed to discussions about how risks should be managed. We saw assessments referred to the individual's abilities and areas that they needed assistance with in order to avoid harm and reduce any related risks. For example, we observed staff supporting one person when they began to escalate towards behaviour that challenged by adopting distraction techniques and by the use of reassuring, calm language. The person responded well to this intervention, it was clear that staff were familiar with the person's needs. We saw that staff were effective in supporting this person, with their clear knowledge of this persons needs combined with their calm approach. Staff had acted in accordance with the guidance available in the person's behaviour plan.

The registered manager demonstrated learning and development as a result of incidents and accidents that had occurred within the service. Staff were aware of the process for reporting accident and incidents. For example, following a recent incident, the service implemented training for people in the use of a mobile phone, to take out and for use should they become separated from staff; the phone contained only the number of the service in order for people to obtain help as quickly as possible should the need arise. One relative told us about an incident that had occurred whilst their relative was out in community shortly after they had started to use the service; they felt the way the service had handled it suggested that they would look after their relative well in the future. Staff told us that changes to practice or learning from incidents were shared with them at daily handovers and staff meetings.

Records we saw demonstrated that the provider had undertaken the appropriate pre-employment checks, that included references from previous employers and criminal records checks to ensure suitable persons were employed.

We saw that there were sufficient numbers of staff to meet people's needs. We saw that people were well supported and responded to in a timely manner with at least one or two staff members allocated to support each person at all times. The manager told us that staffing levels were determined in line with peoples support needs and in discussion with other involved healthcare professionals. Relatives told us they had no concerns over staffing levels.

We reviewed how medicines were stored, administered, handled and disposed of. Relatives told us they felt medicines were provided in a safe way, at the appropriate times. We looked at the Medicine Administration Records (MAR) for four people. Storage facilities were secure and medicines for disposal were suitably stored and disposed of safely. Storage of medicines requiring refrigeration were satisfactory. Arrangements were in place to ensure that checks on medicines management took place each month by the registered manager. We found gaps and missing signatures in the MAR we looked at for three people; stock levels we checked proved that the medicines had been administered but not signed for. The registered manager agreed to review the efficiency of the checks undertaken in

Good

Is the service safe?

order to ensure people had received their medicines appropriately. We saw that the pharmacy providing medicines to the service also undertook annual audits and outlined actions for the registered manager to take to ensure best practice was observed; we saw that these actions had been completed.

Good

Is the service effective?

Our findings

People, relatives and health care professionals we contacted were complimentary about the abilities and skill of staff within the service. Relatives told us they felt confident that staff were competent and trained to care for people's needs. One relative told us, "The staff know how to look after my relative very well". Another said, "My relatives behaviour is changeable but staff are trained to manage this".

New employees received an induction which included basic training, familiarising themselves with the providers policies and procedures and shadowing a senior member of the care team before undertaking all aspects of their role fully. Staff we spoke with were complimentary about the induction they received when newly recruited.

Staff supported one person throughout their shift; they told us this one to one time with people had allowed them to establish trusting working relationships with people. They felt that working so closely with people enabled them to develop confidence in how they approached, supported and understood each individual's specific needs. From our observations it was clear from staff member's demeanour and body language when supporting people that they were relaxed and confident particularly when faced with behaviour that challenged. We saw all staff had received training in how to respond to people displaying behaviour that challenged; staff we spoke with were aware of how to use de-escalation skills they had acquired from this training and gave examples of how they utilised these skills to support people.

Staff had received training to improve and maintain their knowledge about how to look after people safely. Staff told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. In addition to the standard training on offer, a number of staff had or were in the process of completing training linked to the Qualification and Credit Framework (QCF) which is a vocational qualification in health and social care, to further their knowledge and skills. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people's health conditions. One staff member said, "I have been well supported in respect of accessing the training I have requested". Staff received regular supervision and an appraisal with the registered manager or a senior member of staff. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice.

The majority of staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); those that hadn't were allocated training sessions to attend in the coming weeks. This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people's mental capacity had been considered as part of their initial assessment. We observed that people's consent was sought by staff before assisting or supporting them. DoLS had been authorised for five people who used the service at the time of our visit. We saw that staff were aware of these and were complying with the conditions outlined in the authorisation.

We saw that people were supported to access food and drinks appropriate to their needs and choices. One person told us, "I like the food". One relative told us, "He likes the food here; he can have more or less what he wants". Individual care records had information in pictorial form about their food likes and dislikes. People were encouraged to prepare some of their meals with support from staff, such as breakfast or snacks they wanted throughout the day. The cook also prepared meals for people and a menu was available for people to see in the kitchen area in pictorial form, which they were able to access. Staff joined people for their evening meal. We saw that people were offered a choice of two or three options at mealtimes and that food prepared was made with fresh ingredients. Staff told us they had received training in food hygiene and were aware of safe food handling. People and their relatives had been consulted about the menus. Staff knew about the specific dietary needs, for example, those people requiring a gluten free diet. We saw records were available in respect of people's specific dietary needs and any nutritional risks were updated accordingly.

Feedback from staff, relatives and health care professionals confirmed that people's health needs were identified and met appropriately. Records showed people were able to

Good

Is the service effective?

access a range of urgent and routine healthcare appointments including dentists and psychiatrists through visits to the service and attending appointments in community, whichever suited their needs best.

Good

Is the service caring?

Our findings

People we were able to speak with and their relatives described how caring and kind staff were. One person told us, “I like living here a lot”. We observed staff interactions with people and saw they had a relaxed and friendly approach towards them. A relative said, “Nothing is too much trouble for any of the staff”. Another told us, “I rate the staff very highly”. During our visit we spent time in the communal areas and saw that people were supported intensively and staff responded to them in a way that met their individual needs. Staff we spoke with knew people very well and this was demonstrated through the interactions we observed. Practical action was taken by staff to relieve people’s distress and discomfort, for example we saw that staff comforted one person following a medical incident until they fell asleep; the person clearly trusted and was at ease with staff. The registered manager ensured that people always had staff who knew them supporting them on a one to one basis to establish trusting relationships through consistency of approach and to promote well-being. One staff member told us, “Staff are allocated on the basis of who knows the person best”.

Relatives told us they were consulted and involved in their relatives care. The service used a variety of communication methods to provide the information and explanations people needed in respect of their care and treatment. We saw that people had been given the necessary information about their care in such a way that optimised their ability to understand; such as pictorial, verbal, non-verbal (sign language) or written formats. We observed staff interactions with people and these were appropriate and were done in a way that supported people to understand and make decisions. One relative said, “There is always good communication with us, it’s pretty well perfect”. Records that we looked at contained comprehensive information about people’s lives, family, likes, dislikes and needs.

People were encouraged by staff to remain as independent as possible, particularly in relation to the activities of daily living. A relative told us, “The staff are always very patient with my relative”. We observed staff allowing people the level of freedom they sought whilst remaining evident to ensure their safety and to assist them as necessary. We observed peoples dignity and privacy was respected when staff were assisting them, for example, curtains were closed when supporting people with personal care and ensuring that peoples clothing was appropriately adjusted.

Information about local advocacy services including their contact details were displayed in the entrance to the building. Staff we spoke with knew how to access advocacy services for people. We saw that the service had acquired Independent Mental Capacity Advocates for people when more complex decisions needed to be made, in order to provide people with independent advice and support.

People and their relatives had been asked about any cultural and spiritual needs they may wish to pursue as part of their initial assessment. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives.

Good

Is the service responsive?

Our findings

Care plans were developed with people and their relative's involvement and were centred on their views and wishes. We saw that each person had personalised care plans that addressed all aspects of their needs and were available both in written and in pictorial formats to support each individuals understanding. One relative told us, "They know my relatives needs very well through working with them and me". One staff member said, "People's happiness is the main priority, keeping people involved and doing the things they enjoy". We observed that people's care was delivered in line with their care plans.

Staff were knowledgeable about each individual's needs, their personal history and preferences. Care records contained a wealth of information about how people wanted to be supported in relation to their health needs, to achieve the goals they had set themselves and to undertake the activities they enjoyed. Records showed these were updated and reviewed regularly with people and their relative's involvement.

We saw that people were actively encouraged and supported to access community activities and leisure services. Photos were displayed showing people involved in a variety of trips and outings. One relative told us, "There are always lots of activities on offer; my relative goes on rail trips into the city for shopping, bowling and swimming which they love". We saw that people's rooms had been personalised and displayed items that were of sentimental value or of interest to them. Staff working with people supported people to access the activities they had chosen and were on their weekly pictorial timetables in their room. On the day of our inspection by 9.30am three of the people using the service were already out in community doing the activities they had chosen. All our observations of staff supporting people were focussed on what the person wanted to do and staff were seen to go to great lengths to respond to their needs. Another relative said, "He is always doing something, like going to the local park and riding his bike around, bowling, swimming, going on holidays in this country and has even been abroad".

The service encouraged people to maintain their links to family and friends. Visiting times were open and flexible for relatives and friends. A relative told us, "I tend to visit at the same time each week as my relative is often out doing things, so this works best".

People told us they felt comfortable raising concerns or complaints with the staff or registered manager. Information was available for people to refer to should they or their relative wish to complain. Information displayed included contact numbers for external agencies whom complaints could be raised with. Relatives told us they would in the first instance speak to the registered manager and that they felt their concerns would be listened to and acted upon. The service had not received any complaints from people or their relatives since our last inspection. No one we spoke with during our inspection had had cause to complain. One relative told us, "I wouldn't change a thing about the place".

People and their relatives were encouraged to express their views. Records showed that each person using the service had an allocated keyworker; who was also the staff member who supported the person most frequently and so understood their needs well. The keyworker met with the person each month to evaluate their goals, develop new goals for the coming month and to see what the person has enjoyed most. Discussion about any health issues and reporting on how their activity plan was working were documented.

The provider routinely sought feedback and learnt from people's experience of the service. Relatives told us meetings were held with them to contribute their thoughts and ideas about how their relatives care and how the service is developed. People, relatives and stakeholders were also written to/or supported to complete questionnaires to give their opinion about the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people who use the service. We had not received any notifications of people using the service being subject to a Deprivation of Liberty Safeguard (DoLS). The registered manager had referred five people for a Deprivation of Liberty Safeguard (DoLS) assessment. We were told that all five had been authorised, however the registered manager was unaware of their responsibility to notify the Commission that authorisations had been received. The registered manager said they would remedy this straight away by completing the appropriate forms and forward these to the Commission.

People, relatives and staff were encouraged to give informal feedback through a variety of methods for example, keyworker meetings and through regular dialogue with the registered manager. One relative said, "This place is really good and we wouldn't want anywhere else for them; we are involved and asked for our opinion about the place". One professional we contacted told us that people received person centred care which was of high quality. A staff member told us, "Our opinions are taken into consideration by the management".

More formal processes were in place to gain feedback from people who were involved in or had experience of the service. We saw that opinions about the service gathered from people, relatives and stakeholders were analysed as a means of quality assurance. The provider sent or handed out questionnaires to people using the service, their relatives and stakeholders. The results of the most recent survey were overwhelmingly positive and had been analysed and shared with those who took part. The registered manager had responded and shared feedback in respect of the environment, which was 80% good and 20% excellent with the news that since the completion of the questionnaires, the house had undergone a complete re-decoration, which they hoped would improve on this rating. Relatives and stakeholders told us they had been asked for formal feedback about the service.

People were actively involved with the wider community through a variety of activities and outings. Staff told us they received regular support, mentoring and were able to openly communicate with the registered manager. A staff member said, "The manager is very supportive to everyone". Staff told us they were given the opportunity to review their performance and discuss their development and training needs. Another member of staff told us, "We have regular supervision, where we discuss people's progress, our issues and what we want to do in the future". The registered manager worked with people alongside staff for two shifts per week; they told us this allowed them to remain in touch with people's specific needs, acted as a spot check and helped them to better understand the challenges faced by staff on a day to day basis. Staff told us they felt valued and they were clear about their roles and responsibilities. One staff member told us, "The manager is brilliant and all the staff are great at what they do".

Relatives and stakeholders spoke positively about the visibility and accessibility of the registered manager. One staff member said, "They are always here for us and have an open door policy". We observed staff informally approaching the manager for support throughout our visit.

The registered manager told us the provider was supportive towards them in relation to plans or ideas to develop the service and visited at least weekly. One member of staff told us that the provider was 'extremely approachable' and regularly visited. The manager told us the provider was supportive in respect of providing resources to develop the service and drive improvement; for example, staff and people using the service had identified that the sensory room needed an update, the provider was happy to fund this project. Staff we spoke with were clear about the lines of accountability within the service and the arrangements for who to contact out of hours or in an emergency.

The provider actively promoted an open culture amongst its staff by supporting them to know how to raise concerns or whistle blow. The provider had a whistle blowing policy which staff could refer to if they had concerns about the service and wished to report these to external agencies. Staff we spoke with confirmed they had read and understood the providers whistle blowing policy. One staff member told us, "We are encouraged to speak to the manager about any concerns we have".

We saw that a system of internal auditing of the quality of the service which regularly checked the safety and effectiveness of service provision in order to protect people from any related risks, for example health and safety and the environment. Where omissions or areas of

Requires Improvement

Is the service well-led?

improvement were identified an action plan was developed. The registered manager told us that part of the audit they undertook involved checking that previous actions had been completed.

The registered manager told us they had not received the PIR we sent out to them by email for completion prior to our inspection. We checked the email address we sent the PIR to and this was correct. We have taken this into consideration when reaching our judgement and the registered manager understood that there is an expectation that these will need to be completed in the future.