

Tamaris Healthcare (England) Limited

Harbour View Care Home

Inspection report

14a Bransty Road
Whitehaven
Cumbria
CA28 6HA

Tel: 01946599963
Website: www.fshc.co.uk

Date of inspection visit:
16 October 2015

Date of publication:
01 February 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 15 & 16 October 2015 and was unannounced. We last inspected this service on 29 August 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Harbour View Care Home is located on the outskirts of Whitehaven in a residential area. The service is a nursing and care home mainly for older people. The home is able to provide care services for up to 50 people, in single en-suite bedrooms. Communal living areas such as lounge areas, dining rooms, bathrooms and showers are available throughout the home. Accommodation is provided on two floors and there is a passenger lift to help people to access the first floor. The home has a range of equipment suitable to meet the needs of people living there. The home mainly provides support to older people but also offers care to younger people with complex healthcare needs.

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.

We spoke with people living at Harbour View Care Home and they told us that they felt safe and happy living there. We saw that the people who lived there were well cared for, relaxed and comfortable in the home and the atmosphere was open and inclusive.

People we spoke with complimented and praised the staff who supported them and we saw caring and sensitive interactions between people living there and staff.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home.

The service had carried out risk assessments to ensure that they protected people from harm. We saw that the staff knew how to identify abuse and protect people from it.

People received their care from staff who they knew and who knew how they wanted to be supported. There were also enough staff to provide the support that people needed.

Staff were well trained and supported by the registered manager and the organisation. The training programme for staff in the home was comprehensive and staff were able to request additional training as and when they felt it would benefit them in their role.

Medicines were ordered, stored, administered and disposed of correctly.

The staff spent time with people and understood that this was an essential part of their role. Support plans were based on thorough assessments and were written using a person centred approach so that people's individual needs were catered for.

People were included in decisions about their care. The staff knew how people communicated and gave people the time they needed to make choices about their lives and to communicate their decisions.

People were provided with meals and drinks that they enjoyed and were supported to take a good diet that was based on an assessment of their nutritional needs. Those who required support to eat or drink received this in a patient and kind way.

The manager of the home was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood how to ensure people's rights were protected.

People were asked for their views of the home both formally, using questionnaires, and on a daily basis as staff provided support and their comments were acted on.

People knew how they could raise a concern about their safety or the quality of the service they received.

The registered manager provided good leadership. Both people living in the home and staff spoke highly of the manager's style of leadership, describing it as 'firm but fair'. The provider had systems in place to ensure the delivery of good quality care.

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.

People were protected against risk and abuse because the staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

There were enough staff to provide the support people needed. Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported this ensured they had the skills and knowledge to provide the support individuals needed.

People's rights were protected. Their agreement was sought before they were provided with care. The manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support and people enjoyed the food offered. Where people needed support to eat or to drink this was provided by skilled and knowledgeable staff.

Is the service caring?

Good ●

The service was caring.

People received the support they needed from staff who they knew and who treated them with kindness and respect.

The staff spent time with people and understood that this was an essential part of caring for people.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence

and protected their privacy and dignity.

People were not discriminated against.

Is the service responsive?

Good ●

The service was responsive.

Care plans were based on comprehensive assessments. The service had gathered information about people's background and their personal histories.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to and were confident that their concerns would be acted upon.

Is the service well-led?

Good ●

The service was well led.

The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The registered manager spent time with people who used the service and her staff to ensure that the service provided was of a good standard.

There was a quality assurance system in use. The manager and registered provider were open to feedback about the service and took prompt action to address areas which required improvement.

Harbour View Care Home

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.

This inspection took place on the 15 & 16 October 2015 and was unannounced. This was carried out by two adult social care inspectors, an expert-by-experience and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This included experience of caring for older people and people living with dementia.

We spoke with fifteen staff including the registered manager and Four Season Health Care operations manager and north director. We spoke to 14 people who used the service and two visiting professionals. We looked around all the communal areas of the home and with people's permission some bedrooms.

We looked at 10 written records of care and other policies and records that related to the service including quality monitoring documents.

Before the inspection, the provider completed 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.

We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority and local health care providers to obtain their views of the home. We planned the inspection using this information.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person stated, "This is my home now, I love it here, it's all good. I have no qualms." Another person said, "There's usually enough staff, and when I press my buzzer they come quickly." And another commented on the home's environment, "It's always fastidiously clean. The manager makes sure of that."

We looked at care plans for six people and saw that these had been regularly reviewed and updated when changes had occurred so that people continued to receive appropriate and safe care. We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people's skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people's needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service. During our inspection we observed that staff met people's needs in a timely, efficient manner. We noted that call bells were answered promptly and we did not see anyone have to wait for staff attention. We also noted that communal areas always had a staff member present to ensure that people were safe.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with three members of staff individually. They were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of equipment.

We reviewed recruitment procedures in the service. The registered manager explained that they advertised in the press when there were job vacancies in the service. All potential candidates were interviewed with the registered manager present. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record. All this information helped to

ensure only suitable people were employed to provide care and services to people.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We looked at the handling of medicines liable to misuse; called controlled drugs. We looked at the records for these and for the medicines prescribed for end of life care for one person. These were being stored, administered and recorded correctly. Medicines storage was neat and tidy which made it easy to find people's medicines. Medicines stock checks took place each week and were audited by the registered manager and nurses, a record was kept of this and any action required.

Is the service effective?

Our findings

All the people we spoke with said that the staff in the home knew the support they needed and provided this. They told us that the staff had the skills and knowledge to provide the care they required. One person told us, "The staff know me and the help I need. They really do know what they are doing." Another person said, "They seem to get a lot of training and it shows. The staff are always checking up on me to see that I'm alright and they very quickly get the doctor out if I'm not well."

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. We saw that all the staff had vocational qualifications in health and social care. We saw that the nursing staff were supported to keep up their professional qualifications and skills through advanced training in catheter care, pain management and skin pressure care.

All the staff we spoke with told us that they received good training to ensure that they were able to provide the support people required. They told us that new staff completed thorough induction training before they started working in the home. The staff told us that they felt confident that the training they received gave them the skills and knowledge to provide the support people required. One new member of staff told us, "I feel massively supported, it's a close knit team here, and I think it's good we have a mix of old and younger staff."

All the staff said they felt well supported by the manager and registered provider. They said they had formal supervision meetings where their practice was discussed and where they could raise any concerns. One staff member told us, "There's lots of training, we have mandatory training that we have to do and have to keep updated, and then there are extra courses we go on, for example if someone has a particular need". Nursing staff gave an example of requesting updates on carrying out cardiovascular pulmonary resuscitation (CPR) and how this had been organised very quickly for them by the registered manager.

People told us that they agreed to the support they received in the home. Some people had signed their care plans to show that they had agreed to them. People told us the staff in the home asked for their agreement before providing care and we observed this taking place throughout our inspection.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When a person lacked capacity to make decisions the staff, in conjunction with relatives, health and social care professionals had used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

We also spoke to an independent advocate who was visiting the home, and they highly commended the home for how well they protected people's rights. They told us that sometimes people seemed to make unwise decisions however when they had full capacity and been given full information then their right to make these decisions was upheld by the home. An advocate is a person who is not connected with the

home but who is trained to support people who are not able to make major decisions themselves and who have no family or friends to represent them. The advocate role is to ensure that a person's rights are protected when major decisions have to be taken.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, so far only one had been accepted.

The manager of the home demonstrated that she was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). We saw that the Mental Capacity Act Code of Practice was being followed to ensure that the rights of people who could not make their own decisions were protected.

For example, we saw that people were supported to make choices about aspects of their daily lives such as the meals they had, where they spent their time and the activities they followed. Some people were not able to make major decisions about their lives. We saw that most people had chosen a relative or a friend to support them when important decisions needed to be made. Some people did not have the support of friends or relatives to help them to make decisions or to express their wishes about their care. We saw that they had been supported by an Independent Mental Capacity Advocate, (IMCA).

An IMCA is a person who is not connected with the home but who is trained to support people who are not able to make major decisions themselves and who have no family or friends to represent them. The IMCA's role is to ensure that a person's rights are protected when major decisions have to be taken. We spoke with a visiting IMCA who told us that they were very impressed with how this home respected and protected people's rights and supported them to make informed decisions.

We saw that the staff knew the people they were supporting and knew how they communicated their choices and wishes. Throughout our inspection we saw that the staff gave people the time they needed to consider choices and to express their decisions.

People who lived in the home told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one. They said they could choose whether to eat in one of the communal areas in the home or in their own rooms. Some people required specialist equipment to support them to eat independently. We saw that the staff knew the equipment people needed and ensured this was provided promptly when they needed it. Some people needed support from staff to eat. We saw that this was provided in a patient and discreet way. People received the assistance they needed to eat and to drink.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dietitians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis, this helped staff to ensure that they were not at risk of malnutrition. We spoke with the cook who was knowledgeable on people's individual preferences as well as their specific dietary needs. They spoke of a training course attended by a number of kitchen staff and care called, "Taster Food and Safer Swallowing."

People told us that they received support from a range of health care services such as their doctor, chiropodist and optician. Everyone we spoke with said that the staff assisted them to contact their doctor if

they were unwell. One person told us "I haven't needed to see my doctor for a bit, but the staff keep an eye on me and send for the doctor if I ask them to".

Is the service caring?

Our findings

People told us that they were happy living in this home. Everyone we spoke with told us that people were well cared for in this home. People who lived in the home said the staff provided the support they needed and treated them with "kindness and respect". They told us the staff were caring and one person said, "The staff are nice, there isn't one who isn't". We are well looked after." Another said, "What I like is I'm always given plenty of choice by the staff. I know I can tell them what I want and they won't mind at all."

We observed staff caring for people in a relaxed, warm and friendly manner. We saw that the staff spent time with people and understood that this was an essential part of their role. The staff gave people time to communicate their wishes and were gentle and patient when supporting individuals. The staff knew the support people needed to be able to make decisions about their care. They gave people choices and explanations about their support in a way that they could understand. We saw that people were given choices about their care throughout our inspection.

Activities and conversations were going on in the lounges when we visited and there was a relaxed atmosphere.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. When we looked at people's care plans we noted there were references to maintaining people's privacy and dignity throughout.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. One person told us, "Some days I can do more for myself than others and the staff all know this and are good at working it out, and they always ask how I'm feeling, its reassuring that they really do seem to care."

Staff spoke to us about a training course to promote their understanding of dignity and to encourage respect. They describe how they had as part of the course been "depersonalised" having no make-up, no jewellery, their hair not done and made to wear someone else's clothing. One care staff said, "This really brought it to life, what it must be like when you can't do things for yourself. It made us all realise how it's so important to get even the small details like jewellery right for people."

The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted help with personal care when in a communal area, and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care. When staff were using equipment to assist people, we saw that they ensured the person's clothing was arranged properly to protect their dignity.

During our inspection we found that the home was clean and free from odours. This helped to ensure

people's dignity.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible. Staff also spoke of the support the staff team received when a person passed away from the senior members of the team and that if they needed it they could request counselling.

Is the service responsive?

Our findings

The people living at Harbour View told us that staff respected their choices and also helped them take part in activities and pastimes they enjoyed. We saw that people were encouraged to take part in activities that held meaning and purpose for them. People also told us that they received the care they needed at the time they needed it.

We were told by people living there "I have no complaints, I might make a compliment though, it's my home here and I am very satisfied and quite content". Another person said, "No complaints, we would just say if we were not happy, this is a very happy home."

We were told by people, and we saw from the records that people were able to follow their own beliefs and practice their faiths. There were monthly multi denominational religious services held in the home for anyone who wanted to participate and people could see their own priests and ministers if they wanted.

We saw that people had been involved in putting what they wanted in their care plans and where possible had signed to agree the plan being in place. People had the opportunity to take part in helping to develop life histories and also relatives had been involved. Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with knew about the person and their families not just about their care needs.

People also told us they were given the choice on how to spend their time within the home. Records were kept of the activities that people had taken part. There were individual activities such as going out for a walk with a member of staff, hand massage and group activities such as 'keep fit', bingo, crafts, scrabble and reminiscence sessions.

We looked at the care plans for people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. For example we saw that as one person had become frailer and less able to join in socially that their care plan had been reviewed to address this to help reduce the risk of them becoming socially isolated. This was more one to one time talking, reading and physical contact such as hand massages.

We saw that the home had developed "hospital packs" so that people's care could be consistent while they were staying in hospital or being treated by another service. We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night.

The service also worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs. A visiting healthcare professional we spoke with told us, "The staff are really good at getting in touch when they need to, we have a good working relationship."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good as these were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people's likes and dislikes were used to develop care plans relating to people's daily routine and their nutrition. The service had compiled people's personal histories so that they could have a fuller picture of the person and their past and therefore care for them in a more individual way.

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home.

The service had a complaints procedure that was available in the home for people. This could be made available in different formats such as large print if requested or needed by people. The registered manager followed the organisations system for recording, investigating and learning from any complaints received. One person living there told us, "If they weren't doing things right I would tell them. I have no worries about letting them know". Another said, "We know the manager very well she often comes to have a chat and a check-up that every things alright."

Is the service well-led?

Our findings

People told us that they were involved in the running of the home and that they attended meetings where the service was discussed. They said they were asked for their views about the home and any changes they would like to see to the service. We saw records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. One person told us, "Staff ask if there's anything I want them to change, but there's nothing I can think of that they need to do differently for me, but I would say if there was." A number of people said that the manager was very approachable and listened to what they had to say.

People who lived in the home and their families had also been asked to complete a questionnaire to share their views about the home and the care provided. The completed questionnaires that we saw were all positive about the service provided. The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and said that they enjoyed working in the home. One member of staff told us, "There's lots of support here, there is always someone we can speak to if we need advice" and another staff member said, "This home is run really well, the manager is brilliant. I've worked in three nursing homes before this one and this is by far the best run for the benefit of the residents." A member of the domestic cleaning staff said that the manager was very inclusive. They described how all members of the staff team were involved in lots of different training courses and events, such as safeguarding of vulnerable adults and how this helped to promote team work and a positive work environment.

The staff said they were confident that people were well cared for in the home. They said they were encouraged to report any concerns and were confident that action would be taken if they did so.

The registered provider used a range of methods to monitor the safety and quality of the service. One of these being an anonymous Ipad electronic system that allowed people in the home, visitors and staff to leave comments on the service.

We saw that the registered manager regularly audited people's care plans, and other areas such as medicines management in the home. We noted that areas for improvement or to follow up were identified, actioned and recorded. Regular checks were also carried out to ensure the safety of the environment and the equipment used in the home.

Senior managers in the organisation also carried out unannounced visits to the home. During these visits they spoke with the people who lived in the home, their visitors and the staff on duty. This meant people who lived in the home and the staff employed there had the opportunity to share their experiences with a senior person in the organisation who was not directly responsible for managing the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.