

Harbour Care (UK) Limited

The Piers

Inspection report

166 Columbia Road
Ensbury Park
Bournemouth
Dorset
BH10 4DT

Tel: 01202520937

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Ratings

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

Summary of findings

Overall summary

About the service

The Piers is a care home registered to provide accommodation and personal care for up to three people diagnosed with autistic spectrum disorders and learning disabilities. At the time of this inspection there were three people living at the home.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive of them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using the service and what we found

People told us they were happy and comfortable living at The Piers. Our observations showed people liked the staff, who knew them well and provided their support and care with warmth, kindness, patience, respect and dignity.

We received positive feedback from relatives and health professionals about the service provided by the management team and staff at The Piers. Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular team meetings, supervision and annual appraisals and completed a variety of training courses to enable them to carry out their roles competently.

Risks to people's health, safety and well-being were assessed and management plans put in place to ensure risks were reduced as much as possible.

People were supported by safely recruited staff. There were enough appropriately trained and experienced staff to support people in ways that suited them. Communication styles and methods were tailored to

individual people and staff supported people to understand the choices available to them.

People were supported and enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service worked collaboratively with health care professionals to ensure people received the best care and support at all times. Staff were responsive to people's changing support needs and adapted care and support according to their health needs.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

There was an open, honest and supportive culture within the home. Relatives and staff spoke positively of the registered manager and felt the service was well led. There were robust quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Piers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

The Piers is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspections.

During the inspection

We met all three people who lived at The Piers and spent some time with them. We observed and listened to how staff interacted with people. During the visit we spoke with the registered manager, the operations

director, the quality improvement lead, and five members of staff.

We observed how people were supported and, to establish the quality of care people received we looked at records related to people's care and support. This included two people's care plans, care delivery records and all of the Medicine Administration Records (MAR). We also looked at records relating to the management of the service including: staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the providers policies and procedures.

After the inspection

Immediately following the inspection one relative and two health professionals provided written feedback on the service and we spoke with a further two relatives to obtain their views on the service. We also reviewed training schedules the provider had sent us.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected.
- Risk assessments were detailed and captured the individual risks people faced from and to others and themselves. Risk assessments gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation.
- Risk assessments included information on consequences and responses for specific interventions and emergency interventions. Support records included positive behaviour charts, sensory input recording charts, detailed daily living notes and incident forms.
- Staff were given the opportunity to take part in supportive de-brief sessions following specific incidents where people and/or staff had become anxious and upset.
- There were systems in place to ensure the premises were maintained safely. There were plans made for safe evacuation from the premises in an emergency situation such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- Recruitment practices were safe and the relevant checks had been completed on all staff.
- There were enough appropriately trained staff employed to support people. One member of staff told us, "There are enough staff on shift...people who need two to one staff support always get it...the staff adapt well to any increased anxiety levels from the people, it's a really cool team. I enjoy it, the days are challenging but interesting."
- People were given the opportunity to meet prospective new staff and their views were taken into account before staff were employed by the service.
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff. If this was not possible agency staff were used. Wherever possible the

same agency staff would provide cover to ensure consistency of care for people living at the home.

Using medicines safely

- Medicines were safely stored managed, administered and disposed of safely. Records showed stock levels of medicines were correct and regular medicine audits were completed.
- The service had a process for staff to date and sign medicines once they were opened, however this had not been completed for all medicines. Handwritten entries on MAR had not always been checked and counter signed to ensure accuracy for the administration of medicines.
- We discussed our findings with the registered manager who immediately updated the service medicine management processes and informed staff to ensure the identified medicine management shortfalls were corrected. The registered manager told us they would be conducting medicine management workshops to ensure all staff followed the correct national guidance for the management and administration of medicines.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicine.
- Staff who administered medicines had received up to date medicine training and had their competency checked.

Preventing and controlling infection

- Staff were supplied with personal protective equipment and wore it when appropriate to prevent the spread of infection.
- Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.
- The home and equipment was clean and well maintained. Some people were encouraged and helped with the cleaning of their bedrooms to maintain their independence.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour, this ensured incidents were responded to appropriately and lessons shared and learned with staff.

Is the service effective?

Our findings

Effective- this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and wishes. Care and support plans included pictures and photographs so people could understand them.
- One relative told us, "Generally, we are fairly happy with everything...the staff know [person] well."
- Staff worked with people to encourage and support their independence. People and their relatives were fully involved in the management of their care and support, People's wishes and choices were respected.
- Each person was assigned a key worker who spent time with them and ensured all their health and care needs were fully met.
- Staff used 'social stories' to support people if they displayed challenging behaviour. They are a way of explaining, by using pictures and a comic strip style dialogue, a particular situation, event or activity in a way people can understand. Social stories can help people with autism develop greater understanding and help them to stay safe.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to perform their roles.
- Staff gave mixed views on the training they received. All staff told us they could access the training they needed. Staff told us they found the training useful, but they preferred face to face, practical training rather than the electronic e-learning they received for the majority of the training topics.
- One member of staff told us, "I'm completing the learning modules...I'm finding it slow progress and it's all on line...there are colour coded parts and spoken parts and it's taking a bit of time, everybody is helping me with lots of support. The training makes sense, anything that doesn't I have people to phone at any time." Another member of staff said, "The training is quite good, mostly on line. I prefer face to face training than online. The level of training is well delivered, it all made sense and fully understandable."
- Another member of staff said, "The training could be better...you do not have to prove your competencies. There are practical sessions and shadow shifts but I feel the training could be improved."
- Staff told us they were well supported by their colleagues and the management team and felt they all worked well together as a supportive team. One member of staff told us, "We all work together as a team. We are very open with each other." Another member of staff said, "It's been so good to work with a team

with integrity and trust. That has been the most important part for me. I have no complaints at all, I feel supported."

- Staff received regular supervisions which were used to develop and motivate staff, review their practice and check if staff wanted to progress further or develop specific skills or training related to their interests.
- One member of staff told us, "We have supervisions once a month, we can go the manager with any queries, their door is always open and they are supportive... I feel supported in my role."

Supporting people to eat and drink enough to maintain a balanced diet

- To maintain their independence some people were encouraged to take part in the planning, preparation and shopping for the meals for themselves and others living at the home. People chose the weeks meals using pictures and photographs of food.
- Staff supported and encouraged people to try a range of alternative foods in order to promote a healthy, balanced diet.
- Some people had been referred to the Speech and Language Therapy team (SALT) for guidance on how staff could best support them to plan and eat their meals and drink their fluids safely. Staff had incorporated the guidance into a pictorial communication booklet for the person to help them understand how to eat safely. Makaton was also used alongside this communication book to explain the safest ways for the person to eat and drink.
- Meal times were relaxed and friendly with people choosing where and what they wanted to eat.
- The kitchen had recently been assessed by the local food standards and had received a grade 5 rating. The kitchen and cooking equipment was clean and well maintained.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked collaboratively with external health care professionals and specialists.
- The registered manager and staff told us how they had worked diligently with a range of health professional staff to ensure people's care and support could be amended to accommodate their changing health needs. They told us how they had worked closely with a variety of specialised health professionals to ensure the person received the care they needed so they could look forward to the future with an improved sense of calm, health and well-being.
- People received annual health check reviews with their local GP.
- There were effective systems in place to monitor people's on-going health needs. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare.

Adapting service, design, decoration to meet people's needs

- The environment reflected the homely, friendly atmosphere of the service. People's bedrooms were personalised and decorated to their individual taste. Shared communal areas were bright and comfortable.
- The home had an easily accessible garden for people to use which included a trampoline and a paddling pool that people loved to use in the hot weather.
- People were encouraged and supported to take part in activities within the garden. For example, one person had painted the fence which they had really enjoyed doing, another person liked to help with the gardening and mowing the lawn.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service.
- Mental capacity assessments and best interests decisions were in place for people in relation to specific decisions. For example, a mental capacity assessment and best interests decision had been made for one person in regard to using physical intervention as part of their positive behaviour support plan.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a welcoming, happy, calm and friendly atmosphere at the home. Each person had an equality and diversity care plan completed for them. The provider had an equality and diversity policy that staff were knowledgeable about.
- We received positive feedback from relatives regarding the care and service provided by the management team and staff at The Piers. Relatives told us, "The accommodation is fantastic and the care is good" and "I am very satisfied with the level of care [person] receives... the staff keep me well informed of his progress. I see for myself how well the staff respond to his requests and how well they have got to know [person]."
- Health professional's provided written feedback that said, "I feel the service is very caring" and "[Person] receives a caring service from dedicated staff." Relatives told us they had good relationships with the management and staff and were made to feel welcome when they visited.
- Observations seen during the inspection showed people actively sought out members of staff to interact and engage with. We observed positive, caring interactions between staff and people. Staff showed genuine warmth and concern for people's happiness and well-being. Staff knew people well and supported people with relationships that were important to them.
- The registered manager told us they were planning a variety of cultural events to celebrate people's different cultures. For example, exploring the Chinese culture, heritage and variety of different food.

Supporting people to express their views and be involved in making decisions about their care

- People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People's views were listened to and acted upon and people were supported by staff to make choices affecting their daily care and support.
- Relatives told us they were kept well informed and felt involved in people's care and support. One relative said, "Communication most of the time is ok, there is no doubt (manager) has made in roads and improvements in communication... I don't have any problems in contacting staff or (manager). I get a handover when [person] is dropped off and the communication book works well."
- People had access to an independent advocacy service. This ensured people who needed an independent representative to speak on their behalf had access to this resource. We received positive written feedback from an independent advocate who worked with the service.
- People had been given the opportunity to share information that was important to them. This included information about their life history, important relationships, their likes, dislikes and preferences. Support plans took into account people's disabilities, age, gender, relationships, religion and cultural needs.

- People were offered encouragement and support by staff to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's rights to privacy and dignity and this was reflected in care plans. Care plans also identified the skills people had and outlined what tasks they liked to do for themselves to maintain their independency. Staff told us they encouraged people to do tasks for themselves and provided support where and when it was needed.
- We observed staff respected people's dignity and privacy. Staff knocked and asked permission before entering people's bedrooms. Staff told us everyone was treated fairly and equally and with respect.
- People were encouraged and supported to achieve, realistic goals to work towards to maintain and improve their independence. For example, over time staff had supported one person to become independent in key life skills such as, running their own bath, making their own breakfast and cleaning their bedroom.
- One person used a Picture Exchange Communication System (PECS) symbols. This is a system to assist people in communication that are unable to do so through speech. Staff respected the choices this person made using their PEC, for example if they wanted to spend some quiet time alone in their bedroom.
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff demonstrated a strong person-centred approach which was reflected in the care and support people received. The service supported people to express their views so that staff and others understood their wishes, choices and preferences.
- Staff understood people's complex and sensory needs. These were detailed in people's care and support plans and gave clear guidance for staff to follow to ensure people received care that was responsive to their needs.
- People's care and support plans were regularly reviewed and supported staff to understand people's strengths and weaknesses.
- People's care records included their life history, important relationships, their strengths, things they enjoyed and things they didn't like. They provided important information for staff to ensure people were supported in ways they preferred.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.

Meeting people's communication needs

- Staff communicated in ways that suited people. These were described in care documents and shared with new staff and professionals appropriately. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- Staff responded to people's communication and gestures which included Makaton signs. Makaton is a language programme designed to provide a way of communication to people who cannot communicate by speaking.
- We observed staff supporting a person with their PECS symbols to let them know when their meal was ready for them.
- People had detailed, individualised communication plans and pictorial profile books that included the use of photo's, pictures and visual aids to support the person understand their daily choices and communicate with staff. Staff spoke knowledgeably about each person's communication methods and demonstrated how people communicated when they needed support or wanted to take part in activities and hobbies.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in social events in the home if they wished and supported to take part in a range of activities, hobbies and visits out to places of interest. People were supported to regularly attend day centres, meet with family and friends and go shopping. There were a variety of activities people enjoyed, which included, visits to the cinema, pub and cafes, community farms, sailing, arts and crafts, gardening and a trip to the circus.
- One relative told us, "[Person] goes out daily and is well supported out in the community, I feel [person] has a good relationship with the staff." Another relative told us, "Staff are keen to help [person] fill their day with meaningful activities and are working together with us and other professionals to find a place who can accept their level of support and one which provides activities that [person] will have a go at."
- People and their families were involved in planning their trips out and a range of visual aids were used by staff to communicate to people when and where they would like to go. Visual aids were used in people's positive behavioural support plans to manage their anxieties and expectations of home visits and trips out.
- The service had a process in place to ensure key staff were in full contact with relatives during trips out to ensure staff were available for additional support for families if people expressed heightened anxieties during trips out.

Improving care quality in response to complaints or concerns

- The provider had a clear written and pictorial complaints policy displayed in the home. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary, which promoted an open, supportive culture. Relatives told us they knew how and who to complain to if needed.
- For people who could not communicate verbally, their individual communication plans gave clear guidance for staff to follow which explained how people would let staff know if they were upset, worried or unhappy.
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service. Any relevant learning was shared in team meetings and staff supervisions.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- Advanced care plans were in place for one person. This would ensure the person received care and support in the way they wanted at this time of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us there was a supportive, friendly, open and honest culture which brought out the best in everyone.
- One member of staff told us, "This service does really well leading from the above. This has been the stand out area for me, everyone gets all the support they need... I feel appreciated and I really aspire to such good team work."
- A further member of staff told us, "It's a very positive environment...the manager is good, she does listen, and she is a very good manager. We are given freedom to use our experience and choices and the residents are all very happy."
- We received positive feedback from the commissioners of the service who had recently completed a contract monitoring visit and found the service was meeting its contractual requirements.
- The registered manager spoke knowledgeably about fulfilling their requirements on the duty of candour.
- Staff spoke passionately about their roles and showed genuine warmth and compassion for the people they cared for and supported at The Piers. Staff told us they felt very well supported by a management team who were approachable, friendly, professional and available to staff for advice and guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives, staff and health professionals told us they felt the service was well-led, with a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and said they worked effectively together as a team. Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. Relatives, staff and visiting health professionals felt their views were listened to and acted upon.
- Regular team meetings were held where staff felt comfortable to raise any issues or concerns and felt they would be listened to. Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive and helpful.
- Notifications had been sent to external agencies such as the local authority safeguarding team and the

CQC. This is a legal requirement.

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- There were robust quality monitoring systems in use which focused on improving outcomes for people.
- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the service was maintained. There was also a system of out of hours spot checks completed to ensure standards were upheld.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of concern identified and acted upon.
- Staff told us they felt valued and fully involved in the running of The Piers.
- The service worked closely with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the people who lived at The Piers.
- The registered manager attended local and national care working groups to share good practice and help others. They also took part in internal working groups throughout Harbour Care Limited to share good practice and learn from others within the group.
- The registered manager kept their knowledge up to date through the receipt of monthly briefings from CQC, regulation changes and Adult Social Care guidance documentation.