

Achieve Together Limited

Harbour

Inspection report

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Date of inspection visit:
16 March 2023

Date of publication:
16 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Harbour is a residential care home that provides personal care and support for up to six people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were six people living at the service.

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

Right Support: The model of care and setting maximises people's choice, control, and Independence. People had fulfilling days and staff supported people by focussing on their strengths and encouraging people to be independent. People were supported to receive specialist health and social care support locally in line with their assessed needs. The service was homely, clean and people's bedrooms were personalised.

People were supported 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. However, we have recommended the provider reviews documentation in relation to restrictive practise.

Right Care: Staff respected the people they supported and provided care that was caring and compassionate. People were encouraged to take positive risks to enhance their wellbeing and support plans reflected their individual needs and preferences.

Right Culture: The ethos, values and attitudes of staff helped to ensure people using the service were enabled to lead confident, inclusive, and empowered lives. Staff understood their role in making sure that people were always put first, and their care and support was tailored to their individual needs and preferences. The management team had created an open and transparent culture, where constructive feedback was encouraged.

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

Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published on 31 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement has

been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 07 and 13 February 2020, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harbour on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance and have made recommendations in relation to homely remedies and Deprivation of Liberty Safeguards (DoLS). Please see the action we have told the provider to take at the end of this report.

Follow up

This is the third consecutive time this service has been rated 'Requires Improvement.' We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Harbour

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Harbour is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harbour is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with two people living at the service, two members of staff, the acting manager as well as the provider's regional manager. To help us assess and understand how people's care needs were being met we reviewed two people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, copies of the service's improvement plan and training records. We sought views from relatives, and asked the local authority who commissions care services from the service, for their views on the care and support provided. We received feedback from two relatives and three healthcare professionals. We also spoke with Torbay Council's quality assurance and improvement team (QAIT).

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager to identify any learning which may help to prevent a reoccurrence. However, we found data analysis could not effectively be carried out to help identify useful themes and trends. As information had not been entered into the providers recording system in a timely manner as described under the well led section of this report.

Using medicines safely

At our last inspection we found the provider was failing to ensure people received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. However, we have made a recommendation in relation to the recording of homely remedies.

- People's medicines were managed and stored safely.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.
- Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to help ensure those medicines were administered in a consistent way.
- People were encouraged to manage their own medicines and were supported by staff to do this safely.
- There were systems in place to audit medication practices and clear records were kept showing when prescribed medicines had been administered or refused.
- We reviewed how the service managed over the counter medicines known as homely remedies. Whilst the provider had in place a policy for the management of homely remedies, records relating to receipt, administration, balance, and disposal of homely remedies needed to be improved.

We recommend that the provider reviews their medicine administration auditing processes in relation to homely remedies to ensure the safe administration of medicines (homely remedies) at all times.

- Following the inspection, the regional manager confirmed a homely remedies recording book had been purchased, which will improve recordings moving forward.

Assessing risk, safety monitoring and management

At our last inspection we found systems were either not in place or robust enough to demonstrate people's

safety was being effectively managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People were protected from the risk of harm.
- Risks such as those associated with people's complex health and / or medical needs had been assessed and were being managed safely. Each person had in place a risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were being reviewed.
- Staff were aware of people's individual risks, potential triggers and signs that might show the person was becoming unwell.
- The premises and equipment were well maintained to help ensure people were kept safe. Checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, at our previous inspection we found some windows continued not to be fitted with a suitably robust tamper proof restrictor to ensure compliance with health and safety legislation. At this inspection we found action had been taken.
- Fire safety systems were serviced and audited regularly.
- People had individual evacuation plans for emergency situations (PEEPS). These detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and relatives felt confident with the care and support provided. One person said, "I do feel safe here." A relative said, "I have no concerns about [Person's name] safety." Another said, "No concerns at all, [Person name] has thrived there. The staff have all been wonderful."
- There were systems in place to protect people from abuse, including policies and procedures and training for all staff.
- Staff understood how to protect people from any form of discrimination and were aware of their responsibilities to report concerns about people's safety.

Staffing and recruitment

At the previous inspection, March 2020, we recommended the provider reviewed their systems to ensure they kept an accurate record of the hours they had delivered in accordance with people's agreed funding. At this inspection we found improvements had been made.

- People continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were employed in sufficient numbers to meet people's needs safely and staffing levels were regularly reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported people to have visitors in line with government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found the provider had failed to ensure they were working within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11. However we have made a recommendation in relation to the management of Deprivation of Liberty Safeguards (DoLS).

- The manager understood their responsibilities under the MCA, staff had received training and demonstrated an awareness of the MCA.
- People's consent to care and support was recorded and where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Staff asked people for consent and people made choices about their everyday lives.

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).

- Where restrictions had been placed on people's liberty to keep them safe. The registered manager worked with the local authority to seek lawful authorisation for this. This helped to ensure that any conditions of the authorisation were being met. However, we found records relating to the decision to use a door alarm, made in one person's best interests were not clear. This meant we were unable to tell if there was a legal basis or framework in place to support this restriction.

We recommend the provider reviews documentation in relation to restrictive conditions; seeks guidance from a reputable source; ensures the proper documentation is in place and works with the local authority with a view to seeking a legal solution if necessary.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. However, we noted when people had moved between the providers services there was limited information about what assessments had taken place. We discussed what we found with the regional manager, who told us they would look at this process.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when people's needs changed.

Staff support: induction, training, skills, and experience

- Staff completed a range of training relating to the individual needs of people using the service. For example, Autism, safeguarding adults, MCA, medication administration, first aid, health and safety and infection control. One staff member said, "I'm new to this field, but the training has been very good and helped me understand why we do things a certain way."
- New staff received a thorough induction into the service. This involved shadowing staff and being observed by senior staff.
- Staff told us they were supported with regular and meaningful supervision which helped them to reflect and improve on their practise. One staff member said, "I can speak with my manager or [regional managers name] whenever I need to. They always make time and are willing to listen."

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

- People continued to be encouraged to be as independent as possible with the planning and cooking of their own meals.
- Staff knew people's likes and dislikes. Support plans contained clear information about people's preferences and staff had a good awareness of people's dietary needs and healthy eating was encouraged.
- People told us they enjoyed the food; were able to access the kitchen with staff support and could freely help themselves to snacks and drinks.

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

- People had access to external health and social care services to manage and maintain their ongoing health and support needs. Annual health checks took place to identify concerns sooner, and to help keep people healthier.
- The management team and staff worked closely with external professionals to ensure people's care was joined up. Staff regularly sought advice and support from other agencies and professionals about how to best meet people's needs. One healthcare professional said, "I have found the support staff and management team wanting to seek care manager involvement from the beginning of an issue through to resolution, so I feel informed."

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

- Harbour is a large spacious building set over two floors with bathrooms/toilets and kitchen facilities which were fully accessible to all the people living at the service.
- Although the Harbour was bigger than most domestic style properties the building design fitted into the residential area of other large domestic homes of comparable size. There were deliberately no identifying signs, intercoms, cameras, industrial bins, or anything else outside to indicate this was a care home.

- The service continued to be well maintained and was homely and welcoming. There was a spacious lounge where people could relax and watch television as well as a large dining room where people could eat, take part in activities, and socialise with family and friends.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider had failed to ensure systems were effective in assessing, monitoring, and improving the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst we found improvements had been made, some improvements were still required. This meant the provider was still in breach of regulation 17.

- Governance systems were in place to assess and monitor all aspects of the service through regular audits and spot checks. This framework of oversight helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- However, we found these systems were not always effective in driving improvements. For example, we found a draw full of old paperwork within the office which contained twenty-one accident / incident forms dated between November 2022 and March 2023. The acting manager told us that none of this information had been entered onto the providers auditing system. This meant this information was not readily available to the provider for review or analysis.
- We discussed what we found with the regional manager who told us that whilst they had been aware of the poor governance practices. They were not aware of what information was in the draw and accepted that insufficient action had been taken to resolve this concern.
- Records were not stored securely or managed appropriately. We found confidential information relating to one person's employment could be accessed freely by staff. This meant confidential information was not being stored in accordance with the General Data Protection Regulation 2018, (GDPR).
- The service did not have a manager registered with the Care Quality Commission at the time of the inspection. The provider had appointed an interim manager to oversee the management of the service pending recruitment.

Whilst we found no evidence that people had been harmed, governance systems were not undertaken robustly. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The provider and staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at the Harbour, and we saw they were relaxed and happy with staff.
- We found an open and transparent culture, where constructive feedback was encouraged. The acting manager was enthusiastic and committed to further improving the service.
- Relatives had confidence in the service and told us Harbour was well managed. One relative said, "The service is very well managed. The improvement in [Person's name] quality of life is amazing. [Regional managers name] has driven improvements, I can speak with them whenever I need to and they are quick to take action if needed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and those important to them had opportunities to feedback their views about the quality of the service. These included annual surveys, face to face meetings or over the phone.
- People's relatives told us they were kept up to date if any changes occurred.
- Staff told us they felt valued, trusted, and listened to. At the beginning of each shift staff attended a handover session so they were informed about people's changing presentation and needs.

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

- The acting manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management team shared information with external agencies such as healthcare professional's when things had gone wrong as well as consulting with families.
- People and their relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right.

Continuous learning and improving care; Working in partnership with others

- The acting manager and staff team had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners and other health and social care professionals. One local authority representative said, "I have had good and useful professional contact." Another said, "I feel informed and I am always able to get a quick response from the team."
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported, and had input into the running of the home.
- The regional manager described how they promoted continuous learning through meetings with staff to discuss work practices, training, and development needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively operate systems to assess, monitor and improve the safety and quality of the service. Regulation 17(1)(2)(a)(b)(d)(f)