

Harbour Care (UK) Limited

Beach House

Inspection report

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Poole
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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

Beach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beach House is registered to accommodate up to seven people. At the time of our inspection there were six people living at the home in one adapted building in a residential area of Poole.

At our last inspection in May 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Some people had lived at Beach House for a number of years. They were all supported to maintain regular contact with their families if they wished to. The service reflects the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they enjoyed living at Beach House and liked the people who lived there and staff who supported them. We received positive feedback from relatives and health professionals who visited the home regularly.

People were supported by appropriate numbers of trained, experienced staff who knew the people who lived at Beach House very well. Staff understood how to identify and report abuse and were well supported in their roles. Staff received up to date training on all core subjects as well as ad hoc training for subjects that interested them such as specialist medicine training. Staff received specialised training in a timely manner. This enabled them to support and care for people with specific health needs safely.

People made their own choices about how they spent their day. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted people's independence and choice in their day to day living. Where people might lack capacity to make a specific decision staff acted in accordance with the MCA.

People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People's health care needs were met and staff supported people to see healthcare professionals when

appropriate.

People were encouraged and supported to take part in a wide range of activities, hobbies and visits into the local community. People told us they really enjoyed their activities which promoted their independence and maintained their sense of wellbeing.

People and relatives knew how to make a complaint and felt any concerns would be actioned straight away.

There were quality assurance systems in place to drive continuous improvement and ensure the home offered a safe, effective, caring and responsive service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beach House

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 comprehensive inspection took place on 15 and 16 November 2018 the first day of the inspection was unannounced. On each day the inspection team was made up of one CQC Inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). The PIR 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 also asked the local authority who commission the service and healthcare professionals who visit the service for their views on the care and service given by the home.

During the inspection we met all of the people living at Beach House and spoke with one visiting relative. We observed and listened to how people interacted with the staff and following the inspection we spoke with a further two relatives and received written feedback from healthcare professionals. During the inspection we spoke with the registered manager, and four members of care staff which included two team leaders.

We observed how people were supported and to establish the quality of care people received we looked in depth at three people's care, treatment and support records and all of the Medicine Administration Records (MARS). 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, staff and resident/relative meeting minutes and a range of the providers policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Beach House. One relative told us, "It is absolutely safe here, the staff know [person] so well I don't have to worry." Written feedback from a health professional told us the service was, "Safe, caring, effective, responsive to people's needs and well led."

We asked staff about the different signs of abuse. Staff spoke knowledgeably about identifying potential signs of abuse and knew the process to take if they needed to contact the local safeguarding team. Clear safeguarding guidance for staff was displayed in the office which gave contact numbers for the relevant local authorities. Appropriate safeguarding notifications had been forwarded to CQC as required by the regulations.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. Risk assessments reflected people's choices and ensured people were able to maintain their independence in a safe way. Assessed risks included, maintaining skin integrity, use of bed rails, emergency evacuations such as in the case of a fire, use of kitchen and associated risks such as knives and hot surfaces, community access, finances and medicines. If people had specific health conditions that resulted in a high level of health risk, risk assessments had been completed that gave staff clear, detailed instructions on how to support the person safely.

People had the correct equipment in place to support and maintain their safety. For example, safe use of air mattresses to maintain their skin integrity and if people required pressure cushions or specialised support equipment these were available, clean and well maintained.

The provider had a system in place to ensure the premises were maintained safely. Throughout the premises clear, pictorial guidance posters were positioned to inform people how to evacuate the building safely in the case of a fire. People had personal emergency evacuation plans completed on them which gave clear guidance on what support each person would need and the type of assistance required, should they need to be evacuated in an emergency. The provider had a small designated maintenance team who ensured Beach House premises and equipment remained safe and effective for people to use. Up to date service and maintenance certificates and records relating to fire, gas, water systems, electric, lifts and hoists were available. Full water system checks were completed each week and included checks for legionella. These checks showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

There were systems in place to ensure lessons were learned when things went wrong. Information was shared appropriately with other professionals, people and their relatives and advice was sought and shared amongst the staff team. Incidents and accidents were reviewed and monitored to ensure any developing trends were highlighted and preventative action put in place.

People, relatives, staff and health professionals told us there were enough appropriately trained staff employed to meet people's needs and care and support people safely. Throughout the inspection we

observed staff were relaxed with people and supported them in an unhurried and friendly way. People that required one to one support from staff received this support as detailed in their support plans. The registered manager told us they were in the process of recruiting one more member of staff, which when they were employed would mean the service would be fully staffed without having to call upon existing staff to cover additional shifts. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness absences were covered in the first instance by existing staff. If this was not possible the provider had 'bank' staff that could be called upon to cover additional shifts. Wherever possible the same 'bank' staff would provide cover to ensure consistency for people living at Beach House.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. Staff confirmed they had provided all the required documentation before they were allowed to work unsupervised at the home.

We checked the stock and storage of medicines. Daily temperatures were recorded for each area of medicine storage and ensured medicines were kept at a safe temperature to remain effective. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately.

We reviewed the medicine administration records (MARS). These were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training. People had their known allergies recorded and there was a photograph of people on their MARs to help ensure medicines were administered to the correct person.

Some people required pain relief as required. Staff told us how people would present if they needed additional pain relief. If people could not verbalise their pain relief requirements, staff spoke knowledgeably about how the person would present. How they would show they were in pain and what specific body language they would use so staff could recognise their pain symptoms. Some people had creams administered by care staff. Clear colour coded body maps were used to guide staff on where to administer creams to people.

Staff had received infection control training and spoke knowledgeably about the importance of infection control and how to avoid cross contamination. We observed staff wore their personnel protective equipment when it was appropriate to do so.

Is the service effective?

Our findings

One relative told us, "I'm absolutely over the moon. It is like a home from home. I would give it ten out of ten, the staff are always friendly and answer all my questions. They let me know if there are any problems [person] is very well looked after and enjoys living there." A health professional provided written feedback that stated, "Staff are well trained and regularly updated in a variety of skills that meet identified needs such as epilepsy, communication and behaviour that challenges. This is a successful service that people thrive in."

People's needs were fully assessed and care plans reflected their current needs. Each person was assigned a key worker who spent time with them and ensured all their health and care needs were fully met. People's care plans were reviewed each month or earlier if their care needs changed.

People were cared for by staff who had been effectively trained and received regular supervision and on going refresher training. Staff spoke positively about the training they had received. One member of staff told us, "We complete a lot of training which is very useful. I've had a lot of support and everyone is always happy to help you if you need it." All staff told us they felt well supported by the management team. Relatives and health professionals told us the staff worked well as a good team all together. New staff completed Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

We reviewed the training schedule for all staff. All mandatory subjects were covered and included, inclusion and equality, Deprivation of Liberty safeguards, The Mental Capacity Act 2005, health and safety, medicines, safeguarding adults and infection control. There was a programme of refresher training that ensured all staff received appropriate update training when required. Staff received training in specific subjects such as dysphagia and epilepsy in time for them to put their learning into practice effectively before supporting people with these specific conditions. Dysphagia is the medical term for swallowing difficulties.

There was a programme of staff support which included one to one supervisions, annual appraisals and observed spot checks. Staff received regular supervision sessions with their line manager. Supervisions were supportive and checked staff's understanding around their job role as well as encouraging their on going development.

People were supported to plan and prepare their meals in ways that promoted their health and independence. Pictorial menu boards were clearly displayed in the dining area and people told us they were able to eat their favourite foods on a regular basis. Staff supported people to maintain a healthy diet and helped people to prepare tasty, nutritious snacks when required. Most people could eat their meals independently. If people required assistance with their meal, this was given in a sensitive, patient way. People were weighed regularly and records showed staff referred people to health professionals and dieticians in a timely manner if their weight had fluctuated to a large degree.

Staff told us the kitchen equipment and appliances were well maintained and fresh produce was locally

sourced to ensure people received fresh, nutritious meals. People accompanied staff to the local supermarket which they enjoyed and helped maintain their well being and independence. During the summer months, staff told us the main meals had been eaten outside in the garden most days which people had really enjoyed.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs. The registered manager told us they had sought a second medical opinion for a person. The registered manager and staff knew the person very well and felt they could have an improved health outcome if a different health decision was given. This had resulted in the person receiving positive health interactions which led to improvements in their well being and reduced pain.

The registered manager showed us the new health passport system that was being introduced for people. These ensured people had an easy read document that covered important information people would need to know if they had to go to another service or into hospital. Information included, sensory needs, personal care preferences, allergies and communication needs.

Most people could mobilise safely and independently around the home. Staff ensured people were given support and assistance to walk around the home. Bedrooms were highly personalised with people's furniture, photographs and personal mementoes which provided a friendly, homely atmosphere. An area of the main lounge had been turned into a sensory place for people to interact with. The area included a variety of lights and sensory objects for people to enjoy. The service had won the providers Garden in Bloom 2018 competition and had included sensory plants and herbs which gave off a variety of smells and textures for people to interact with. Staff told us this had been very popular with people during the hotter summer months.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within the principles of the MCA.

Staff ensured people were given choice in their daily lives and sought consent from people before providing care and support.

Is the service caring?

Our findings

There was a friendly, warm, relaxed atmosphere at the home. We received written feedback from a number of health professionals who regularly visited the home. Written feedback stated, "It is a pleasure to visit Beach House...I have always found the staff to be knowledgeable and welcoming. All the residents seem happy and engaged in activities." And, "The home has a family feel to it where inclusion is promoted and individual needs/wishes are strived to be met."

Relatives spoke very positively about the staff and management team at Beach House. They described them as caring, wonderful, kind, friendly and helpful. One relative told us, "We are very happy with everything. The staff know what [person] likes to do and support them really well." Staff told us they felt like a large happy family and treated everyone with care, compassion, respect and dignity.

Staff told us everyone was treated fairly and equally and the provider had an equal opportunity policy that staff were knowledgeable about. People's care and support plans focussed on their wishes and choices and how they liked support to be given. Care plans ensured people were given as much independence as possible and able to make their own informed choices about how they wished to live their lives.

Staff knew people very well and spoke knowledgeably about everyone's, likes, dislikes, favourite hobbies, foods and how people preferred to be supported if they were anxious or upset. Staff showed passion and commitment to people and told us they really enjoyed their roles and supporting the people at Beach House. Staff communicated to people in ways they preferred. This enabled people to feel involved with everyone in the home and prevented them feeling isolated.

Relatives told us they were always made to feel welcome and free to visit whenever they wanted.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their bedrooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed support.

There were lots of laughter, banter and smiles between people and staff. Staff checked with people how they were feeling and if there was anything they needed. We saw genuine affection between people and the staff. Staff spoke warmly of the people they cared for and they said they wanted to be able to provide the best possible support for them.

Is the service responsive?

Our findings

One relative told us, "They always let us know if there are any concerns and they are very good at keeping in touch." Written feedback from a health professional included, "The manager is extremely good at keeping in touch with me and sends me a monthly summary and contacts me immediately with any concerns."

Another health care professional told us the service were quick to change their approach when people have had changes to their health and care needs. They told us changes were completed effectively, quickly and in liaison with appropriate support as required. A further health care professional provided written feedback that stated, "...descriptions of problems have been clear and thoughtful and there is always a sense of the person who is being looked after being thought about holistically."

Staff were supportive, attentive to people and knew everyone very well. Staff told us communication within the home was good and handovers regarding all people were thorough and gave them the detail they needed to support people how they wished. A health professional commented, "Communication is good throughout the service and to outside workers." Another health professional stated, "The hand overs have always been good...staff clearly know the residents as people and relate to them as such."

People's needs were fully assessed and care plans reflected their current needs. People's care plans were written in a person centred way, gave clear direction and guidance for staff and reflected people's individual preferences whilst allowing them to maintain as much independence as possible. Care plans gave staff clear guidance on how people would present if they were anxious or upset and how staff could support them through this time. Behaviour support plans detailed the behaviour people would present, what circumstances may trigger behaviours and gave staff clear strategies on how to support people and help them remain calm and content. For example, one behaviour support plan stated one person would make eye contact and talk excitedly, smile and chat to people when they were calm and relaxed. Staff were given specific support strategies to help keep people calm and relaxed such as, breaking activities down into small individual tasks and ensuring people were given time to communicate their preferences.

Care plans included people's life histories in a document which gave important information about how people had lived their lives and what was important to them. Staff knew about each person as an individual, what and who was important to them and how they liked to spend their time. What activities they enjoyed and how and when they preferred their personal support to be given.

People were supported to take part in a range of varied and interesting hobbies, activities and day centres to maintain their independence and increase their well being and prevent social isolation. People spent time telling us what they did with their days, where they were going and how much they enjoyed their trips and visits out shopping and to places of interest. The service had vehicles which could be used for trips out and allowed people to travel as a group which they enjoyed. Activities included both individual and group events and included visiting an art gallery, tank museum, monkey world, sea life centre, cinema, theatre trips, trips to the café, walking to the park, going to the newsagent to buy the paper and visiting and meeting up with family and friends. One person had recently been supported to visit Snowdonia in Wales and enjoyed an overnight stay and walking to the top of Mount Snowdon which had been a major achievement

for them.

A relative told us, "The staff anticipate [person's] needs really well. It would be easy for them to stay at home all day with him, but they don't which is so good. [Person] likes to go out and they know what he likes to do and help him do it. The staff are very capable and know [person] so well."

We reviewed how the provider ensured people had access to the information they needed in a way they could understand it, to comply 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. There were pictorial communication cards available for people to use. Most people could communicate verbally. Staff spoke very knowledgeably about how each person communicated in ways that may be specific to them, for example, different use of body language and sounds and gestures that people may make and what it meant for them.

The service used technology to support people and maintain their health and wellbeing. Sensor and movement alarms were in use if required at night to alert staff if people needed support in the night to get out of bed.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority should people need to contact them in the event of a complaint or concern. The service had not received any formal complaints since their last CQC inspection completed in June 2016.

People and their relatives had been sensitively supported to make decisions about their end of life care. Where possible people and their relatives had been involved in compiling their end of life plans which included where they would like to spend the last days of their life, who with, any specific treatment they would prefer.

Is the service well-led?

Our findings

The home had a registered manager in post. 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.

Staff, relatives, health professionals and people spoke positively about the registered manager. Relatives and health professionals commented on the open, friendly, supportive culture within the home and told us there was a clear management structure. One member of staff said, "We all really listen to the needs of the people and provide what they want. We all work so well together, I really enjoy my job."

Written feedback from health professionals included, "The service is especially well led by the manager. Their approach to the people is one that always puts their needs first, and this trait is instilled in the support staff whom she manages."

The registered manager told us they were proud of their staff, how well they all worked together and the flexibility they showed to ensure people received good person centred care and support. People had individual mission statements on display in the main communal hall which were highly individualised, person centred and highlighted people's aspirations and wishes that were important to them. This created a welcoming, inclusive feel to the home.

There were regular staff meetings, detailed minutes from staff meetings and handovers to keep staff fully informed about events at the home. Staff told us communication within the home was effective and they felt listened to and supported in all decisions.

People and relatives were actively encouraged to give their views on the care and service they received from Beach House. Resident and relative satisfaction surveys had been completed during February 2018 with positive feedback which included, "Beach House has a very homely and welcoming feel to it...I feel its managed by a top class efficient and caring management team of especially kind and caring staff. Nothing is too much trouble." And, "The service is all good", "Little change is required as staff and management are doing an excellent job."

The recent Employee Engagement Survey had highlighted 100% of staff felt proud to work at Beach House.

In addition to the regular arrangement to monitor the quality and safety of the service provided, there was a system of monthly out of hours checks that were conducted by registered managers from neighbouring services within the Harbour Care (UK) Limited group. This had proved an effective method to manage a process of continual improvement and quality assurance and enabled any potential areas of improvement to be quickly highlighted.

Notifications were made to CQC as required by the regulations and the service had their current rating displayed in the communal area of the home and on their website as required.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication, infection control, environment, care plans, staff training, accidents and incidents and health and safety checks. Any shortfalls that were identified had action taken on them.

The provider organised staff consultation forums at regional and national levels. A staff member from Beach House represented the service at the 'You Say' meetings. Posters were displayed that encouraged people to have their say at these meetings and raise any issues.

The registered manager took part in local provider forums and events and supported other local Harbour Care services when required. For example, most people in the home had attended two neighbouring Harbour Care services Halloween parties which they had all enjoyed. The registered manager had forged community links with local coffee shops, some local trade stores and had held a Macmillan Coffee morning raising money for the charity.