

Harbour Supported Living Services Limited

Harbour Supported Living Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This comprehensive inspection took place on the 3 and 6 October 2016. Harbour Supported Living Services provides support to people living in shared housing environments or in their own homes in the Birkenhead and Wallasey areas. The agency provides continuing support for people with learning disabilities, mental health issues and drug or alcohol abuse, and short-term support for people referred by the hospital admission prevention service. The service was providing support to 80 people at the time of this inspection.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run. The registered manager was not on duty at the time of this inspection as they were on annual leave.

We looked at the medication records for five people. The medication procedure for staff was to prompt people or to administer their medication. Records informed that support staff would record all medication on the provider's medication record sheets. There was information in relation to covert medication practices for staff to follow, we were told that no person was receiving this service.

We looked at records relating to the safety of the office premises and its equipment, which were correctly recorded. We were shown where confidential records were stored in lockable filing cabinets and password protected on the computers.

People were supported to prepare food and drinks and could choose the meals that they prepared if this was part of their person centred care plans (PCCP). Where people's weight changed this was recognised, with appropriate action taken to meet the person's nutritional needs.

The provider complied with the Mental Capacity Act 2005 and its associated codes of practice in the delivery of care. We found that the staff followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights. The service was not providing support to any person who did not have the capacity to make their own decisions.

We found that the person centred care plans and risk assessment monthly review records were all up to date in the five files looked at on the service computerised system. There was updated information that reflected the changes of people's health.

People told us they felt safe with staff. The management had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to

prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

The staffing levels were seen to be sufficient at all times to support people and meet their needs and everyone we spoke with considered there was adequate staff on duty.

The service ensured all new staff had a Disclosure and Barring Service (DBS) check. Three of the four staff files looked at did not include a photograph of the staff. The staff personnel records did not include all of the relevant information required. We spent time discussing this with the management team.

We have made a recommendation about the information required for staff recruitment at the service.

The service had an induction programme in place that included training staff to ensure they were competent in the role they were doing at Harbour Supported Living Services. Staff told us they did feel supported by the provider, the registered manager, the office manager and senior support workers.

The five person-centred care plans we looked at gave details of people's medical history and medication and information about the person's life and their preferences. People were all registered with a local GP of their own choice and records showed that people were supported if required to see a GP, dentist, optician, and chiropodist or other health professional.

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 not safe at all times.

Staff had not always been recruited safely. Recruitment procedures did not include all of the relevant records required. Disciplinary and other employment policies were in place.

Medication records were in place and medicines were documented appropriately.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Requires Improvement ●

Is the service effective?

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

People we spoke with said they enjoyed their meals that they were supported by the staff to prepare and that they had plenty to eat. People's weights were monitored if required and dieticians and health specialists were contacted.

Good ●

Is the service caring?

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Good ●

Is the service responsive?

The service was responsive.

People who used the service were involved in their person centred care plan and, where appropriate, their support needs

Good ●

were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated and seen to be relevant.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service provided. People who used the service and staff were asked about the quality of the service provided. The staff recruitment procedure had not been audited and staff files did not include all relevant records required.

Staff were supported by the provider, the registered manager, the office manager and senior staff.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good ●

Harbour Supported Living Services

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 and 6 October 2016. We gave notice to make sure that the registered manager or a senior person was on duty to enable the access to the records required for this comprehensive inspection. The inspection was carried out by an adult social care inspector. Before the inspection, the provider completed a 'Provider Information Return' (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the service on the 3 and 6 September 2016 and looked at records, which included the five people's person centred care records, four staff files and other records relating to the management of the service. We spoke with the provider, the service manager, the office manager, a senior support worker and two support staff. We also spoke with five people receiving support. The visit also included home visits to one of the supported houses where seven people were supported in their own rooms and shared all communal areas.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at the safeguarding information, complaints and any other information received from members of the public.

Is the service safe?

Our findings

People we spoke to said they felt safe when supported by the staff. When asked if they felt safe, one person told us "I am safe here, staff listen to me". Another person said "There is always staff around if I need them".

We looked at the staff personnel files of four staff members who worked for the service and found that the pre-employment checks carried out by the service did not include all of the relevant records required. For instance three of the four did not have a photograph of the staff member. There were no application forms in all four files to inform of the work histories of the staff. The copies of original records did not inform when the original was seen and by whom. The references for all four staff had not been validated by the service. We recommend that the service ensures that they follow schedule 3 for all staff recruitment.

A Disclosure and Barring Service (DBS) check had been completed for all staff at the service. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have..

Harbour Supported Living Services provided a supported living service to 80 people living in their own homes. The support ranged from daily support to weekly escort support. The managers told us that they liaised closely with the local authority contracts department to ensure the service could provide the relevant staff. Feedback from people using the service was that there was good continuity and reliability of staff visiting and supporting individuals. There were 24 staff currently working at the service including the management team.

We spent time with the managers looking at the medication policy and procedure at the service. We saw that medication records were in the person centred care plans of the five people we case tracked. The medication records and medicine charts for all five people were correct. We visited one of the houses that staff spent time supporting the people in and looked at the medication records and checked the safe storage of the medication. Three of the people at the home were supported with their medication and staff prompted the medication at the relevant times. The records we looked at were correctly signed by staff and people we spoke with told us that they gave their consent for staff to support them with their medication.

Staff had received training in medication administration. Staff we spent time with told us any issues with medication were always reported to the managers who dealt with the issue immediately and liaised with the relevant health professional.

The health and safety of the environments that staff from Harbour Supported Living Services visited had been checked through various risk assessments to ensure the safety of the premises. The locations that staff supported people in was their own homes. Staff supported people when required to deal with environmental issues with landlords and the information was available for staff in case of an emergency and gave details of who to contact.

Records showed that all staff had completed training about safeguarding adults. The registered manager

and other managers ensured that staff had refresher training every year. We were given the training plans and safeguarding training was in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2015. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the five person centred care plans looked at. The review was indicated by a date within the person's records on the service's computer system. Information recorded if any changes had occurred and what actions were required to be implemented or with no changes documented meaning the reviews had produced no new information. The original risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health.

We saw that the service had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

Is the service effective?

Our findings

We asked five people about the skills of the staff and if they were competent in their roles. Comments received included "Fantastic, really good staff", and "The staff are all brilliant".

People were supported to have sufficient food and drink provided by support staff if it was part of their person centred care plans (PCCP). We talked with the support staff and people about food and diets and were told by a person "My support workers cook with me, I choose what to have and we cook together". Another person said "I make my own food but I do tell the staff what I'm having". Staff told us that they supported people to prepare their food and monitored people if required when they cooked if this was part of their PCCP. We were told that if people needed any special diets, or if there were dieticians involved, staff ensured they kept to what the required diet should be. The support staff checked people's weight if required in the PCCP and made recommendations about their diet to professional nutritionist and dieticians.

We looked at staff training. Staff were up to date in training for providing support for people. We looked at the training material and saw that the training was provided internally by the provider. We were provided with the training programme and sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

We spoke with staff who told us the training provided was good. Staff were confident and happy about the training they had completed. The staff working at Harbour Supported Living Services also had a thorough induction that was provided in line with the 'Care Certificate' that is a set of standards for social care and health workers in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care and support workers.

All staff had been provided with supervision meetings by the management team. The managers told us that the senior support staff were also trained to provide supervision to their teams. We looked at four staff files and saw that they all had supervision records in place. Staff told us they had supervision with the managers or a senior and said there was an open door policy and the managers were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal. We spent time talking to the managers and they confirmed that appraisals had taken place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005.

We spent time with the service manager who was knowledgeable about the MCA 2005 and the service had a procedure in place. The staff we spent time talking with were aware of the MCA and some of the impacts it could have on their role. All support staff spoken with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent. There were no people being provided with support by the service that did not have capacity. All had agreed to the service support and were able to make their own decisions.

We observed staff interacting with people on the day we went to one of the supported living houses. From their interactions it was clear staff had a good knowledge of each person and how to meet their support needs. Staff were very supportive and were heard throughout the morning confirming comments made by people, supporting people to make decisions and being patient. The people that we spent time with told us that staff met their individual support and care needs and met their preferences at all times.

People were supported to attend healthcare appointments in the local community by staff. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change and records looked at informed that staff dealt with the changes effectively. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. For example one person we visited had district nurses visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's health.

Is the service caring?

Our findings

People told us that staff were always respectful and caring when supporting them. One person who used the service said "They're all brilliant" and another person told us they were "Great staff, very good help me a lot when I need it".

We saw when members of staff were talking with people who required support; they were respectful to the individuals and supported them appropriately in a respectful manner. We observed staff reacting to people calmly and were always reassuring and pleasant.

We spent time looking at records of compliments from people and relatives of the people supported by staff from Harbour Supported Living Services. All were very positive about the care and support provided. Comments made included "I see the care and supported provided and it's exactly what is required to improve my relatives life" Another commented, "The staff are always caring and provide brilliant support.

We saw that staff respected people's privacy and were aware of issues of confidentiality. When visiting the home where staff supported people, staff knocked and waited until they were invited into the person's room.

We observed people being listened to and talked with in a respectful way by the managers and staff at the office. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the people being supported was respectful, friendly and courteous.

The managers and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the managers that no one had recently used this service.

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way staff support and care was provided. People told us they felt listened to and they would be able to express concerns about the service if they had any and would speak to the managers or provider. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "I don't need to complain, I'm happy. I would speak to the manger if I did". Another person said "I have no complaints the staff are good, I would tell them if I was not happy about anything".

We saw that information was kept on the service computer system as they had become a paperless office in 2015, this was only accessible by a password. Records from before then were scanned onto the persons detail file. Other relevant records kept at the service was in lockable cabinets in the main office. We saw that the information was reviewed and information updated to reflect changes that had taken place. In all of the five people's files we looked at the person centred care plans (PCCP) were up to date and relevant, and records reflected any change in service provision. For example, one person required more support from staff as they were unwell. The PCCP had been updated and the required support had been provided with staff liaising quickly with the commissioners to ensure the support met the person's needs.

Harbour Supported Living Services had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked people if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use if required. None of the people contacted had complained. We saw from the records that there had been 15 complaints in the last two years. Records were in place to show what actions had been taken and informed when the complainant was liaised with to ensure they agreed with the actions.

All the people we spoke with told us that they were fully involved in their PCCP. They reported that they had full choice in their PCCP and the way it was provided and they all considered they were in control of the care and support they received. People told us that staff always consulted them about how their support was to be provided.

The managers informed us that a service was not provided until they had been to meet and assess the person in their home surroundings. We saw records of these assessments in people's files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the support service.

The PCCP and care plans included examples of specialist advice that had been sought. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital. Staff told us that they informed the managers of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person.

Staff completed a visit log after each visit and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling.

We asked how staff liaised with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

Is the service well-led?

Our findings

The people we spoke with who used the service told us that the registered manager was always available and so were the other managers if they wanted to speak with them. People's comments included "The manager is really good, he's friendly" and "Really nice man, all of the managers are lovely". Another person said "The manager is very good at communicating".

There were effective systems in place to assess the quality of the service provided. These included person centred care plan audits, medication audits, staff training audits, health and safety audits and incident and accident audits. We looked at the audits for January 2015 to June 2016. The audits showed how the registered manager and office manager had implemented action plans and documents were in place to inform what they had done to evaluate and improve the service. The service manager informed us that they were usually able to act on issues immediately and were supported at all times by the registered manager and the provider.

We looked at four staff files as written in the safe part of this report. We were told by the management team that the staff recruitment files had not been audited recently. We discussed the omissions in the staff files and the management team sent an action plan to the CQC informing us of the actions they had immediately implemented to ensure everything would be in place for all of the recruitment records of staff working at the service.

We were shown records of information gathering where people using the service and staff were invited to complete a confidential questionnaire on the service. We looked at the information collated that informed the service was providing an overall good service to people and that staff were happy working there. Any issues were discussed and actions were implemented for example changing staff to meet the support requirements of a person if they did not gel with them. We were told it was important that the people being supported worked well with staff to enable them to be independent and trust that staff were acting on their behalf.

There was a three tier management structure at Harbour Supported Living Services which comprised the registered manager, the service manager and the office manager. The provider was also very involved in supporting the running of the service. There were senior support staff working alongside support staff in the community. The leadership was visible and it was obvious that the managers knew the people supported when we discussed people. Staff told us that they had a good relationship with the registered manager and the management team who were supportive and listened to them. We observed staff interactions with the managers which was respectful and positive. There was always a manager or a senior member of staff on duty to make sure there were clear lines of accountability and responsibility for the support staff.

The managers and the staff had a good understanding of the culture and ethos of the service, the key challenges and their achievements, concerns and risks. Comments from staff were "It's a good place to work, I really enjoy working here", and "I think we do provide great support to people here, we all work hard, it's a great service". Another comment was "Great place to work; I really do love my job. I get a lot out of

supporting people to be confident, independent and happy".

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am always asked if I am happy with the support I get and I say yes". Another person told us "I get questionnaires to fill in and tell them if I am OK". Information we looked at showed that meetings took place with staff, and people and were asked if they had any issues.

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