

Anson Care Services Limited

Harbour House

Inspection report

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Date of inspection visit:
06 March 2023

Date of publication:
29 March 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harbour House is a care home providing accommodation and personal care to up to 20 people. At the time of our inspection there were 19 people using the service.

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

CQC had received concerns regarding poor communication, management and staff not responding to guidance and advice and the management of some medicines.

People were supported to access healthcare services. Staff reported changes in people's health and sought professional advice. However, communication between the staff, the manager and external healthcare professionals was not always effective.

Guidance and direction provided to staff and the registered manager was not always carried out as requested. Audits were not always effective and management oversight was not robust.

Harbour House was using an electronic system to manage people's medicine requirements. The system helped ensure people received their medicines as prescribed. However, the administration and recording of some medicines was not always carried out appropriately.

Medicines that required stricter controls were not always accurately recorded. Oversight and auditing of medicines management was not effective.

Staff had not always been recruited safely. Gaps in employment history were not always explored. The dates provided on some returned references did not always match with the dates provided on the person's application form.

References were not always received before staff began working unsupervised. The provider was aware of this, and immediate action was being taken to obtain these.

Several people living at Harbour House had lost weight recently. There was no clear process in place for responding to these concerns.

Risks were not always effectively reviewed when care plan reviews took place. Weights were not checked along with Malnutrition Universal Screening Tool (MUST) assessments and care plans were signed off as 'no change' when checks had not always taken place to confirm this.

Care plans did not always contain clear accurate guidance. One person's care plan stated information that was contradictory. We asked for some care plans to be reviewed by the registered manager to ensure they provided up to date, accurate and clear guidance to staff.

There were enough staff to respond to people's needs. Staff had been provided with training and support to enable them to carry out their role.

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. There were no Deprivation of Liberty Safeguards (DoLS) authorisations in place at the time of this inspection.

People told us that they felt safe in the service. Visitors told us they felt their family member was safe and protected living at Harbour House. Comments included, "Yes, it seems very nice. Lovely room and the staff are kind."

The premises were clean and well decorated. People had filled their rooms with familiar items and photographs. People enjoyed the food provided at Harbour House.

People had been asked for their views and experiences at residents meetings and via a questionnaire. Responses were mostly positive.

The provider had systems in place to monitor equipment and utilities. Systems were in place to support people in the event of an emergency.

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 (4 November 2021).

Why we inspected

This inspection was prompted by concerns received by CQC regarding a lack of staff skill and knowledge in some areas, poor communication, guidance and advice not always being followed, poor management response to changes in people's needs and the storage of some medicines.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We inspected Safe, Effective and Well-led only at this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harbour House on our website at www.cqc.org.uk.

Notice of inspection

This inspection was unannounced.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harbour House

Detailed findings

Background to this inspection

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Harbour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we sought feedback from external healthcare professionals. We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 3 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with the 3 people, 1 visitor, 3 staff, the operations manager, the registered manager and the provider. We spoke with 2 visiting healthcare professionals.

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 good. At this inspection we have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Harbour House staff used an electronic medicines management system. The system helps to ensure people received their medicines as prescribed. However, the recording of some medicines was not always carried out appropriately. We saw staff had recorded prescribed medicines administration on the shift handover sheet, for two days prior to this inspection. A medicines administration record (MAR) was not used neither was the electronic system. This was not in accordance with the service policy for medicines management, or the training recently provided to the staff member. This meant that the administration of these medicines was not clearly recorded for all staff to see, as the appropriate record of the medicine's administration had not been completed and this increased the potential risk of additional doses being given.
- Medicines that required stricter controls were not always accurately recorded. The record book for medicines that required stricter controls was not accurate and did not tally with what was held at the service. There was an amount of liquid pain relief showing as held, which was not present. We were told this item had been returned to the pharmacy as no longer needed. However, the medicines return book was not present in the service for this to be evidenced. There was no regular specific audit of these medicines, so this concern had not been identified.

The failure of the provider to ensure they maintain accurate, complete and contemporaneous records contributes to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored appropriately.
- Medicines requiring refrigeration were stored appropriately. The temperature of the fridge was monitored to ensure the effectiveness of medicines storage.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the electronic medicines record.

Assessing risk, safety monitoring and management

- Risks were not always managed safely. The registered manager told me one person required prescribed emollient creams to be used when staff provided personal care. The community nurses had raised concerns to us, prior to this inspection, that this person was regularly presenting with sore and broken skin. This person's care plan directed staff, incorrectly, to use soap. This meant staff were being guided to provide care

that was not suitable, and this was leading to poor outcomes for this person.

The failure of the provider to ensure that they did all that was reasonably practicable to mitigate risks to people is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans provided contradictory information for staff. For example, one care plan said the person did not need to be re-positioned then later in the same document it stated they did need this support. The registered manager told us, "Staff do not need to re-position this person, they can move themselves independently." However, the records showed that staff were in fact regularly re-positioning this person throughout the day and night when in bed. We asked the registered manager to review this person's care plan to ensure accurate and appropriate information was provided.

The failure of the provider to ensure accurate information was always provided for staff is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment and utilities were regularly checked to ensure they were safe to use.
- Staff knew people well. We observed staff assisting people to move using a variety of aids. Staff were competent in managing this and treated people with dignity and respect whilst undertaking these tasks.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- Staff were not always recruited safely. Some pre-employment checks such as exploring gaps in employment history and checking start and end dates on references, were not being carried out effectively. One person had a difference of four years in the length of time they stated they had worked in one post, and the dates provided by the reference. This had not been identified.
- One staff member had worked unsupervised at the service for several weeks with no references having been received from their previous employers. The provider accepted this oversight and assured us this would be addressed immediately.
- There was no consistent procedure in place to ensure all staff were recruited in the same way. The personnel files were not held in a consistent format, with no checklist held for each file. Some overseas staff were recruited by the head office of the provider. Some staff were recruited by another person who oversaw activity co-ordinator staff, and some staff were being recruited by the registered manager. This meant there were often no recruitment records in some personnel files held at the service to evidence safe recruitment procedures.

The failure of the provider to ensure recruitment procedures are established and operated effectively to ensure that people are safely employed is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks were carried out. DBS checks provided information including details about convictions and cautions held on the Police National Computer. There was also up to date and relevant documentation concerning staff's right to work in the United Kingdom.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the

inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. One staff member told us, "We don't have many agency staff now, but we could always do with more staff to help. The needs of our residents have really increased with many needing two staff to support them with their care needs. That leaves one person on the floor for everyone else."

Learning lessons when things go wrong

- In October 2022 we inspected the small domiciliary care service which is also run from Harbour House and managed by the same registered manager. At that inspection we found there was a lack of evidence of regular reviews of identified risks and personnel files were not held in an organised consistent format. The same concerns have been identified at Harbour House at this inspection.

The failure to effectively assess, monitor and improve the quality of the service provided has contributed to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. Relatives were confident their loved ones were safe.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 was supporting visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

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 good. At this inspection we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There was a lack of robust process and procedures in place for staff and management to follow when people had been identified as having lost weight, or at risk of losing weight. Such concerns were not always effectively responded to, and people were at risk of losing further weight.
- One person had a low weight recorded and their care plan stated that staff should monitor and record their food and drink intake. This was not being done by staff in an effective manner. There were days when no intake had been recorded and other days when only one drink or meal had been recorded. These records were not being effectively monitored and the registered manager was not aware of this concern. This person had not been weighed each month as per the policy for people at risk of lost weight. We asked for the person to be weighed during the inspection and we were told they had lost a further three kilos.
- Malnutrition Universal Screening Tool (MUST) assessments were not reviewed regularly when people had lost weight. Care plan reviews had taken place and had been signed off as 'no change' before necessary assessments and checks had been carried out to ensure there had been no evidence a change in needs. This meant changes in people's needs were not effectively identified in a timely manner and people were placed at potential risk.

The failure of the provider to ensure that they did all that was reasonably practicable to mitigate risks to people is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were provided with healthy meals which they enjoyed. Staff were aware of people's needs and preferences in relation to what they ate and drank. One person told us, "The food is very nice, I have no complaints."
- Hot and cold drinks were served regularly throughout the day. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. Staff supported people individually in their rooms where they needed support to eat and drink. We observed staff making regular welfare checks.

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

- Management and staff contacted external healthcare professionals when they required guidance. However, we saw evidence from the local GP practice, of when changes in a person's care and support

needs had occurred, the staff and the registered manager had sought advice from health professionals, but they had not always followed the advice provided. For example, the provision of supplements and effectively fortifying meals, which had been recommended, had not always been provided. Effective monitoring of records and weight checks was not in place. This had been escalated to the provider by the external healthcare professionals.

- Assessments of people's needs was carried out. Risks were identified and recorded. However, the review and monitoring of these risks was not always effective and robust.
- Some external healthcare professionals had expressed concerns around the response of the registered manager and some staff, when people's needs changed.

The failure of the provider to effectively mitigate known risks is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who wished to live at Harbour House were assessed to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment, which included a person's presenting need and people's preferences and routines.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager told us they had been liaising with the local authority DoLS team to ensure the service's records tallied with theirs. However, the local authority records did not tally with the services, as these records had not been reviewed for many years. The local authority had not been advised of the death of five people between 2018 and 2021.

The failure of the provider to ensure records were always accurate is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training on the MCA and DOLS. They worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- There were no DOLS authorisations in place at the time of this inspection.

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

- Staff engaged with external healthcare professionals including GP's, community nurses and specialist

nurses. However, as stated elsewhere in this report, we have been told advice was not always followed. People confirmed they saw a GP when needed.

- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently wherever possible.

Staff support: induction, training, skills and experience

- Staff were supported by a system of supervision and training. Staff told us they felt well supported and received the training they needed to carry out their roles effectively. A member of staff told us, "Most of our training is on paper but we do have some face-to-face training."
- Staff competency was checked so the management team could be assured they were completing their duties in line with training and good practice guidelines. However, the staff member who had recorded their medicines administration, over a weekend, on the back of the shift handover record had recently completed a medicines management training update and had their competency assessed. This meant such checks and updates were not always effective in improving the skills of the staff.

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

- The service was clean and well maintained.
- People were provided with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste. One person told us, "I have all my photos around me, it's a nice room and I can watch people go about their lives outside the window."
- Access to the service was suitable for people with reduced mobility and wheelchairs. Equipment was in place to support people to move around and access the upper floor. There was an appropriate range of equipment and adaptations to support the needs of people using the service. A new hoist had been provided for use on the upstairs floor.
- There was a system of continuous decoration and upgrading rooms as they became available.
- There was a rear courtyard and garden for people to use. The weather was not conducive to being outside on the day of the inspection, but staff told us people were often encouraged to sit in the garden during the better weather.

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 good. At this inspection we have rated this key question 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

- Prior to this inspection we had received concerns from external healthcare professionals about some aspects of the service provided at Harbour House.
- The provider and registered manager did not have effective quality monitoring systems in place. The regular audits and oversight processes had not identified the concerns we found at this inspection, regarding poor monitoring of records, guidance in care plans, recruitment records and a lack of oversight. Where the provider had been made aware of some issues in the past, effective action had not been taken. The concerns regarding poor outcomes for some people were shared with the provider and reported to the local authority safeguarding unit.

The failure of the provider to assess, monitor and improve the quality of the service provided is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff training and support was provided, recorded and monitored.

Continuous learning and improving care

- The registered manager and the provider carried out regular checks on all aspects of the running of the service.
- Regular management meetings were held to share information across the group of homes and support the managers.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.

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

- The staff were happy working at the service and told us they felt supported by the registered manager. Comments included, "They (the registered manager) is very supportive, and we can go to them at any time if we need anything."
- Staff had built positive and caring relationships with people. Staff understood people's individual care and

communication 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 provider understood their responsibilities under the duty of candour. The registered manager sent in notifications to CQC and raised any concerns with the local authority as required.
- Relatives were kept informed of any changes in people's needs, accidents or injuries.
- Staff were encouraged to raise any concerns they may have. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- People told us they had meetings with the registered manager and were asked for their views. They felt their views were valued and considered. Questionnaires had been given to people and their families. The results from the last survey were mostly positive.
- Staff confirmed that they received good support from the registered manager and the provider. Meetings were held to help share information.
- Staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that they were aware of the need to protect people's rights.
- The service worked in partnership with health and social care professionals to help ensure people received support to meet their needs.
- The service had established working relationships with health and social care professionals and commissioners.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that they did all that was reasonably practicable to mitigate risks to people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the service. They had failed to ensure accurate information was always provided in care plans.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment procedures were established and operated effectively to ensure that people were safely recruited.