

Safeharbour West Midlands Limited

Safeharbour (260 Hagley Road)

Inspection report

260 Hagley Road
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Date of inspection visit:

23 January 2020

24 January 2020

Date of publication:

21 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Safeharbour(260) is a residential care home providing personal care and accommodation for up to four people with learning disability. On the day of the inspection, four people were receiving support.

Services for people with learning disabilities and or autism are supported

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

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

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

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

People received support that was safe. The registered manager ensured people were safe by making sure all staff received safeguarding training to keep them safe from harm. Recruitment systems were in place so only suitable staff could support people. Where people needed support with medicines this was received as it was prescribed. Staff had access to PPE to ensure infection control procedures were followed. Systems were in place to monitor trends where accidents or incidents had taken place.

People received effective care. 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. Staff were supported so they had the skills to meet people's needs. People's nutrition and healthcare was maintained by staff who were trained to do so.

People received support that was caring, kind and compassionate. People were supported in line with their likes, dislikes and preferences. Staff promoted people's privacy, dignity and independence.

People received support that was responsive to their needs. Care plans were in place to identify how people would be supported. The provider had a complaints process in place, so concerns could be raised.

The service was well led. The culture in the service was open, empowering and inclusive. Communication standards encouraged relatives to share their views by completing questionnaires and attending planned meetings. Spot checks and audits took place to ensure the quality of the service was maintained.

Rating at last inspection

The last rating for this service was requires Improvement (Report published 23 January 2019)

Why we inspected

This was a planned comprehensive inspection based on the previous rating.

Follow up

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

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Safeharbour (260 Hagley Road)

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Safeharbour(260) 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. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we were made aware of a Norovirus within the home and we wanted to be sure it would be safe to visit. The registered manager confirmed the virus was within their sister home and not their location so the inspection went ahead.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into

account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We sought feedback from the local authority and used all this information to plan our inspection.

During the inspection

During the inspection we were unable to speak with people to understand how they felt about the service, as they were unable to verbally communicate their views. We spoke with four relatives, two members of staff, a housekeeper, two team leaders, the registered manager and one of the provider's relatives. We reviewed a range of records, this included the care records for two people, and their medicine records. We looked at three staff files in relation to recruitment and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative said, "I am happy my relative is safe". Care staff demonstrated they understood how to safeguard people and what action they would take were people were at risk of harm.
- The provider had a safeguarding policy in place, which explained to staff what was expected of them.

Assessing risk, safety monitoring and management

- People's risks were assessed and staff had clear directions as to what they needed to do to manage risks to people to keep them safe.
- We saw that risk assessments were reviewed in line with people's changing support needs to ensure where risks changed action was taken.
- We found systems in place to manage risks to people in an emergency. A Personal Emergency Evacuation Plan (PEEP) was used so it would be clear to staff what to do in an emergency. A PEEP is a bespoke escape plan to aid people get to a place of safety within a satisfactory period in the event of any emergency.

Staffing and recruitment

- Relatives told us there were sufficient staff. A relative said, "Where two staff are needed in the community to keep my relative safe this is always in place. I have no concerns with staffing".
- Staff told us there were sufficient staff to keep people safe and we confirmed this as the registered manager explained how they ensured they had sufficient staff.
- Staff were required to complete recruitment checks before they could support people on their own. A staff member said, "I did complete a DBS check and references". A Disclosure and Barring Service (DBS) check is carried out to ensure staff are suitable to work with people.

Using medicines safely

- We found that staff could not support people with their medicines until they had completed the relevant training. Staff we spoke with confirmed this and told us their competency was checked. This ensure staff had the skills, understanding and knowledge to support people with their medicines.
- Where people were supported with medicines 'as and when required' protocols were in place to ensure this was done consistently.
- Relatives told us they had no concerns with how people's medicines were being managed.

Preventing and controlling infection

- Care staff told us they had access to Personal Protective Equipment when needed. We found the provider had an infection control policy in place and staff received infection control training. This ensure infections could be kept to a minimum.

Learning lessons when things go wrong

- The registered manager had systems in place to identify concerns within the service and take the appropriate actions to put things right when concerns were identified. For example, Incidents and accidents were monitored for trends to actions could be taken to reduce the amount accidents or incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out, so the provider could be sure they could support people's needs.
- A relative said, "I was involved in the assessment process". Staff told us they could access these records when needed.
- We found that people's preferences, like and dislikes were integral to the assessment process.

Staff support: induction, training, skills and experience

- Staff told us they felt very supported now and the manager was always available when needed. A staff member said, "Situations here are much improved to previous years".
- Staff had access to suitable training, supervision and staff meetings. Staff we spoke with confirmed this.
- Newly appointed staff went through an induction process which included the care certificate where needed. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Relatives we spoke with told us that people decided what they had to eat and drink and the meals were good. People's nutritional needs were maintained and they had no concerns.
- A relative said, "Staff always ensure my relative's health needs are looked after and I am kept informed. We found the health action plans and communication passports were documents used to identify people's healthcare.
- People saw their doctor when needed and their oral care was maintained and they could see an optician or other healthcare professional. For example, records show a report from a Speech and Language Therapist (SALT) guiding staff as to how to manage concerns around a person's nutritional needs.
- We found staff advocated for people as part of ensuring their healthcare was maintained. For example, wellbeing checks were carried out.

Staff working with other agencies to provide consistent, effective, timely care

- We found that other agencies were effective in supporting staff to meet people's needs. Mental health consultants, nurses, social workers, were just some of the individuals we found were involved in ensuring people received appropriate support.

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

- The environment people lived in was designed appropriately to keep them safe. People designed their

rooms to suit themselves and we saw personal items to show how people wanted to live.

- The registered manager told us of planned works to improve the design and environment people lived in.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- We found where people were being deprived of their liberty this was in line with the MCA and legal authority was sought.
- The registered manager had systems in place to ensure reviews were carried out on time to ensure people were not being unlawfully restricted.
- Staff told us they had received training which we confirmed and they could demonstrate an understanding as to why people were being restricted.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, caring and compassionate toward people. A relative said, "The staff are lovely they are kind and compassionate".
- People's diverse needs were integral to how they were supported and information was gathered. The registered manager and staff understood the importance of the Equality Act and how people were supported.

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

- Staff supported and encouraged people to make choices and decision as to how they were supported. Relatives we spoke with confirmed this.
- We found systems in place to promote people's choices. For example, we found records illustrating the daily choices people were making as to how they were supported. These records were monitored to ensure people were making a varied choice and this was discussed in reviews where relatives and other people present could comment on how people were supported.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence. Staff explained people were encouraged to do as much as they could and staff would only support where needed. This ensure people would remain as independent as possible.
- A staff member said, "I would ensure doors were closed and curtains drawn during any personal care task".
- Relatives confirmed people's dignity and privacy was respected and people lived independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place to document how people would be supported. The support people received was person centred. Relatives confirmed they were involved in the care planning process and support was what people wanted. A relative said, "Staff ensure my relative can take part in the things he [resident] likes to do".
- Relatives told us they attended reviews on a regular basis and could contribute to how their relatives were being supported. Records showed that reviews did take place and involved a range of people to ensure people received support that was responsive to their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager explained how communication was varied to ensure people had the opportunity to understand. While people could not share their views as part of the inspection process we found evidence to show staff used different ways to communicate with people. For example, picture formats and hand gestures were a couple of methods we found.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw evidence that showed people's interests, likes, dislikes and hobbies were promoted.
- People's care records showed the sorts of activities they wanted to pursue. For example, swimming, snooker, shopping. We found where people wanted, they spent time with their relatives either on days out or staying at their home. A relative said, "My relative visits me at home on a weekly basis and I love it when he comes around".

Improving care quality in response to complaints or concerns

- A complaints policy and process were in place. A relative said, "I am aware of the complaints process and who to complain to, but I have never had to complain". The provider had no complaints since the last inspection.

End of life care and support

- While there was no one currently requiring end of life support. The registered manager had an end of life policy in place and ensured people's preferences were documented within their care records. We saw that

people's wishes as to how they wanted to be supported at the end of their life and in death was noted.

- The registered manager had plans in place, so all staff would receive appropriate training, so they could support people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we found improvements had been made and the provider had systems and processes in place to provide an effective oversight of the service. However, the provider needed to show the systems were working consistently and ensuring the quality of the service people received. At this inspection we found the provider had sustained the consistency.

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

- The registered manager demonstrated the service people received was in an environment of openness and was inclusive. Relatives told us they could visit the home whenever they wanted and were involved in the support their relatives received and communication was good.
- Staff we spoke with told us the registered manager involved them in how the home was managed and run and they worked as part of a team.
- The support people received was person centred and we found the environment to be friendly warm and welcoming.
- People were supported in line with the principles and values around registering the right support. People lived as full a life as possible as they decided how they lived their lives which staff respected as part of how the service promoted people's rights and choices. Relatives confirmed to us that their relatives lived a full life and the home supported them to do so.

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

- Relatives told us the registered manager kept them informed on every aspect of their relatives' support. A relative said, "We are constantly kept up to date. Not like it was two years ago when we were told nothing".

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

- The registered manager carried out regular spot checks and audits on the service delivery and the provider ensured checks were conducted monthly and a record kept of the outcome.
- Staff were involved in carrying out spot checks on different areas of their work on a weekly basis. This ensured staff owned how people were supported and connected with why the quality of support was important. A staff member said, "The manager does his checks and we are involved in the spot check process too".
- Medicines spot checks and audits were carried out to ensure people received their medicines as it was

prescribed.

- The manager showed they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- The provider had a policy in place to allow staff whistle blow and staff we spoke with showed they were aware of the policy and its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm anonymously.
- The registered manager told us they shadowed staff to monitor and assure themselves staff working appropriately.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives told us they were engaged with on a regular basis. A relative said, "I have completed questionnaire about the service regularly and attend meetings at the home".
- Staff told us questionnaires were used to gather views from relatives.
- Information on people's preferences as identified in the Equality Act 2010 was gathered and identified within people's care records.
- The registered manager told us they attended provider meetings arranged by the Care Quality Commission to improve their understanding and learning to share with staff and improve the service.

Working in partnership with others

- The registered manager worked in partnership with other professionals as part of ensuring people received the support they wanted. For example, doctors, local authorities, Clinical commissioning group (CCG) and others.
- Staff worked closely with community organisations as part of ensuring people could take part in all sorts of community interests and activities.