

Harbour Rise Limited

# Harbour Rise Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Harbour Rise Rest Home is a residential care home that provides accommodation and personal care for up to 44 older people some of whom may be living with a dementia or have a physical frailty. The home also provides a day care service for people, but this was not under a regulated activity regulated by the Care Quality Commission, so did not form part of this inspection. At the time of the inspection there were 42 people living at the home.

People's experience of using this service:

People and their relatives told us they received outstanding care from staff who were passionate about delivering a high-quality, person-centred service. Without exception everyone we spoke with told us the home was exceptionally well led and consistently said they would recommend the home to others.

The provider was passionate about providing a service which was caring, compassionate and reflected the values of the organisation. They told us how Harbour Rise was like one big 'family' where everybody was respected and treated equally. These values were imbedded within the culture of the home and evident throughout all our interactions with people, relatives and staff who consistently referred to being part of a 'family'.

People were treated with dignity and respect in a way that truly valued them as individuals. Staff continually looked for new ways to enhance people's lives and understood what was expected of them; they were motivated, hardworking and enthusiastic.

The home delivered outstanding end of life care to people. The management team were passionate about ensuring people received dignified and respectful end of life care which met their personal needs and preferences.

People were protected from potential abuse as staff had received training and were confident in raising concerns. People were empowered to take positive risks and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had confidence in the staff who supported them and felt safe in their care. Staff were well trained and skilled at supporting people living with dementia to lead independent, active and fulfilling lives. People's care plans were detailed and accurate, ensuring staff consistently knew how to support people.

People and their relatives told us they knew how to complain, and any complaints received were used to improve the service.

The provider had a strong and effective governance system in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues.

Strong leadership put people first and set high expectations for staff. Staff were exceptionally positive about the management of the service and felt truly valued and respected.

Harbour Rise met the characteristics of Outstanding in Caring, Responsive and Well Led.

Rating at last inspection: Harbour Rise Rest Home was previously rated as 'Good.' The report was published on the 5 September 2016.

Why we inspected: This was a planned inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Harbour Rise Rest Home

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

**Inspection team:** The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience involved in this inspection had experience of caring for older adults and people living with a dementia.

**Service and service type:** Harbour Rise Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means 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:** The inspection was unannounced and took place on the 5 and 8 March 2019.

**What we did:** Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with 16 people living at the service, nine relatives, six members of staff, the head of care, the registered manager and two directors who were also the registered providers. We asked the local authority who commissions care services from the home for their views on the care and support provided. Following the inspection, we received feedback from three health and social care professionals.

To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed several records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe living at Harbour Rise. One person said, "I feel very safe living here, the staff have always been so kind, caring and attentive." Another said, "I do feel safe and well looked after." A relative said, "It's reassuring and gives me peace of mind to know that mum is safe, well cared for and loved."
- People were protected from the risk of avoidable harm and there continued to be good systems in place to safeguard people from abuse. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe and knew who to inform if they witnessed abuse or had any concerns.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised we saw these had been managed well.

Assessing risk, safety monitoring and management:

- People continued to be protected from risks associated with their health, safety and welfare. People's needs, and abilities were assessed prior to moving into the home. Risk management plans guided staff on how to support and protect people whilst minimising any restrictions placed upon them. For example, records showed one person had been assessed as being at high risk of falls. This person was aware of the risks but wanted to remain independent. Staff were guided to be observant and vigilant, especially when this person was unwell or anxious.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses and cushions. Care records showed staff were vigilant in checking people's skin; using prescribed skin creams when needed and helping people to change position regularly or maintain their mobility.
- Staff were aware of people's individual risks as well as any signs that might show a person was becoming unwell.
- The premises and equipment were well maintained to help ensure people were kept safe. Checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Staffing and recruitment:

- People continued to be protected by safe recruitment processes. The provider was passionate about ensuring that staff with the right skills, attitude and values were employed and had good systems in place to ensure staff were recruited safely.

- People were kept safe because there were enough skilled and experienced staff on duty to meet their needs. People and their relatives told us staff were always available when they needed them. One person said, "It's like a hotel if you need someone you ring the bell, and someone comes, it's marvellous." Another said, "On the odd occasion you may have to wait, but never very long, they (staff) never mind and they're always so happy to help." A relative said, "I have never had any cause to be concerned about staffing levels, there is always someone around when mum needs them. They have always been very responsive to her needs." Another said, "The staff are never too busy to stop and have a chat."
- Throughout the inspection, we saw there were enough staff available to meet people's needs and keep them safe. The registered manager regularly assessed people's needs and adjusted staffing levels according.

#### Using medicines safely:

- Medicines were managed safely and stored securely at the correct temperatures.
- People and their relatives were happy with the support they received to take their medicines. One person said, "It's really important that I have my medicines at the correct time, all staff know this, and they are never late."
- The home had implemented an electronic medicines management system since the last inspection. The system alerted staff to who was due their medicines and when; this included the application of topical prescriptions, such as creams and lotions.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- There were good systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

#### Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean, tidy and fresh smelling. A relative commented, "The home is wonderfully clean, and the best thing is that there are no nasty smells."
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Information about helping to prevent the spread of infections (NICE guidance) was displayed within the home to inform best practice. There was an on-going programme to redecorate and make other upgrades to the premises when needed.

#### Learning lessons when things go wrong:

- The management team were keen to improve, develop and learn from events.
- Where incidents or accidents had occurred, the registered manager had analysed these to ensure learning took place to prevent a re-occurrence.
- Lessons were shared amongst the team through the provider's internal email system, staff meetings, handover and individual supervision sessions.
- Staff told us they were encouraged to learn from each other when things had gone wrong in a supportive open way which they found very helpful.



## 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.

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;  
Healthcare support:

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People and their relatives told us they were involved in assessments and were supported and empowered to make choices about their care. One person said, "Staff took time to find out about me and what I needed". A relative said, "They have involved mum and me every step of the way."
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to: GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT).
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One relative said, "They know mum very well and have always been very quick to respond if they had any concerns about her health".
- Care plans clearly specified people's wishes and views in case of a sudden deterioration in their health and staff were able to generate a 'hospital pack'. This could be printed off in an emergency and go with the person to hospital. This helped to ensure that people's wishes, and views were known as well as containing other information about their medication etc.
- Healthcare professionals did not have any concerns about the care and support provided by the home. One healthcare professional said, "Staff understand people needs well and have always been very proactive in seeking advice and running with it".

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

- People told us they enjoyed the food provided by the home, praising the variety available. One person said, "The food is very good and there is plenty to drink". Another said, "The food is brilliant, we have a three-course lunch every day. Today there was a choice of three main meals of meat options and one vegetarian".
- People's care records highlighted where risks with eating and drinking had been identified and where people needed a soft or pureed diet, this was provided. Staff were aware of people's dietary needs and the home's nutrition and hydration 'champion' helped ensure staff had the knowledge and skills to support people eat a varied and balanced diet, which met their needs and preferences.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home 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.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work. One person said, "They [meaning staff] are very good in that respect, staff always gain my consent they never assume."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Staff support: induction, training, skills and experience:

- People received excellent care from well trained, motivated and skilled staff.
- All staff completed an induction and did not work unsupervised until they had been assessed as being competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The home's training matrix showed staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs, for example, dementia, stroke prevention and diabetes.
- The provider information return (PIR) described how the management team were supporting staff to develop lead roles by becoming 'Care Champions' in key areas such as nutrition and hydration, Parkinson's disease, dementia and end of life care. Champions took responsibility for attending additional training and to share their knowledge within the staff team through meetings, handovers and workshops. A visiting healthcare professional who visited the home to provide training commented, "Staffs knowledge and understanding of Parkinson's was refreshing. They were able to identify with people, which will in turn, enable people to feel empowered".
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff felt supported, valued by the home's management team. One staff member said, "This is genuinely the best place to work, we're like one big family. Everyone is so supportive of each other and wants to work here and that's rare."

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

- Harbour Rise is set within its own grounds within the heart of Paignton. The home is set over two floors and designed to provide a warm homely environment.
- The physical environment was continuously being reviewed, updated and improved in line with best practice dementia guidance. Specialist advice had been sought from a local dementia care charity about the use of colour, flooring, lighting and the layout of the environment which was supportive to people with poor eyesight and poor mobility. Dementia friendly signage and colour coded corridors supported and enabled people to navigate their way around the home independently. Specialist equipment in bathrooms meant people could access baths more easily.

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- The home had recently created a 'café' complete with its own open plan kitchenette and security coded water boiler. This empowered people to be involved in washing up, making drinks and 'pottering' as they would have done all their lives. It also provided a comfortable space for people to entertain relatives, visitors, and friends.

## 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People were exceptionally well cared for by kind and caring staff. One person said, "I have been very impressed, nothing is ever too much trouble". Another said, "I love it here, without exception all the staff have been so nice and kind to me". Relatives repeatedly told us they could relax knowing their loved ones were being so well looked after. One relative said, "The staff are exceptionally kind, caring and compassionate, I thank God mum's here, they really are the best in the Bay". Another had commented, "There are so many positive things to say, my top three are; the staff are fantastic, people are treated with kindness and respect and relatives are made to feel welcome".
- Harbour Rise had a strong person-centred culture. This was focused on the promotion of people's rights to make choices, live a fulfilled life, and to be as independent as possible. An example of this, was at Christmas staff recognised that people living at the home wanted to buy their relatives and friends gifts without their knowledge. The provider set up a market in the home for those people who could not get out to the shops, so that people could buy similar gifts to those on offer in the high street. People were delighted to be able to do something this "normal", and to be able to treat their friends and relatives to a surprise.
- Staff were highly motivated to be caring, kind and to maintain and build relationships. To achieve this staff looked for ways to enhance people's lives and to ensure they continued with the life each person had before coming to live at Harbour Rise. For example, staff set up a café in the home to replicate what many people had been used to doing before, and to support people to entertain their friends in a social environment. One person said, "I love the introduction of the café where I can meet my relatives and entertain people".
- Other people were supported to continue to have coffee mornings outside the home with old friends. One person said, "Once a month I go to my neighbours for coffee. Next month it's my turn and they're all coming here, which is great because we can sit in the café and have tea and cakes".
- The provider told us they were constantly amazed at the commitment and dedication of staff to the people they worked with. For example, staff often popped in with their children or pets [dogs] on their day off and spent time with people to check that they were ok or just to have a bit of a chat or catch up.
- Staff were proud of their efforts and went the 'extra mile' to ensure people received the best possible care and support. For example, supporting the various activities and events like taking a group of people to Marks and Spencer's. Throughout our visit we saw staff treating people with kindness, patience and compassion. A relative said, "The staff operate brilliantly together to provide high standards of care and the empathy they show is exemplary."
- Managers and staff were visible and knew people exceptionally well. They talked about the "little things" that were important to people and ensured they paid attention to detail. For example, what time they liked to get up, how they liked their hair to be done or how they liked the strength of their tea. One person said, "The staff know what I want before I do."

- The provider was passionate about providing a service which was caring, compassionate and reflected the values of the organisation. They told us how Harbour Rise was like one big 'family' where everybody was respected and treated equally. These values were evident throughout all the interactions between staff, people and relatives that we observed. The notion of family had been embedded in the culture of the home. Staff consistently referred to being part of a 'family' where people supported each other and shared experiences and moments together. One relative said, "We haven't been here long, but we already feel part of the Harbour Rise family".
- People were supported by staff who had an excellent understanding of their individual needs. Care plans contained information about people's past, their cultural and religious beliefs. For example, people were supported as needed to continue practicing their chosen faith.
- Some people living at the service had dementia. Staff recognised the more they knew about the person's life before they developed dementia, the better they could support them. They recognised that it was family and friends who held the key to this information. One staff member said, "People have lived amazing lives and I feel so privileged to get to spend time with them and listen to the things they have done and places they have been. Knowing who people are helps me understand how to support them".
- Staff supported people with sensitivity and compassion and were exceptional in responding to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people through touch, and with affection. For instance, we saw staff actively looked for behaviours or cues which would give an opportunity to positively interact with people. For example, one person opened their arms for a hug when a staff member was near to them. The staff member took the opportunity to respond to this gesture and responded with a warm hug.
- Staff were also aware of signs of distress and how to alleviate this. On another occasion we saw a person had become anxious and upset, staff responded quickly and took time to reassure and sit with the person until they felt settled again.

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

- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. One person said, "I'm able to live normally, I come and go as I please and make my own decisions about what I do and when. I might be in a home but I'm still in control". Throughout the inspection we saw and heard people being encouraged and supported to make choices.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys. One person said, "They [meaning managers] made time each day to ask them how they were". A relative said, "We have always felt very involved in my father's care, all the staff have taken time to get to know us".
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. One relative said, "The staff are ever so understanding. They appreciate it's not easy for us".
- Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff were excellent at respecting and promoting their privacy, dignity and independence. Staff always knocked on doors and called out before entering people's bedrooms, even if the person had chosen to have their door open.
- Staff were proactive in encouraging people to maintain and improve their independence. Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that

people had good and bad days. One person said, "All the staff are lovely. They know me very well and always check if I need their support depending on how I'm feeling". Another said, "They [meaning staff] never assume what I might need, they always ask and are very attentive." A relative had commented, "My mum was quite frail when she went to Harbour Rise. Since then I have seen such improvement, not just in her health but now she is happy, and calls Harbour Rise her home".

- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how staff supported and respected people's time to be alone with their husband, wife or loved ones.
- People's right to privacy and confidentiality was respected. Staff made sure that any discussions with or about people were held in private. A relative told us how sensitively and carefully staff had handled information about a "delicate family situation".
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff told us how they checked with people before sharing information with loved ones.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support:

- Harbour Rise is a care home for older people. The team were exceptional in supporting people and their relatives both in planning for and at the end of the person's life. A relative said, "When my father became terminally ill, as well as the superb care that he received, there were so many thoughtful gestures. For example, turning his bed so he could still see the wonderful view which he loved, and taking my mum to his bedside each day so that they could both spend time together. They were both treated with such dignity and kindness and we are grateful beyond words".
- People were supported by staff to discuss and be comfortable with making decisions about their end of life care. A relative said, "Right from the start [they] were so calm and respectful. We discussed what my father wanted, and they made sure his wishes were respected, the staff were amazing".
- Where people had made advanced decisions, staff were aware of their wishes and these were respected. Discussions included those around Treatment Escalation Plans (TEP) which recorded important decisions about how individuals wanted to be treated if their health deteriorated.
- Staff were trained in end of life care. They understood and met the needs of people and their families in relation to the emotional support and practical assistance they needed during this time. For example, following the death of a few people in a very short space of time, the provider organised a memorial service for people, staff and families which gave people time to reflect and remember the loss of their friends and loved ones and provided emotional support.
- The registered manager had developed strong links with the local hospice so that specialist nurses were available to guide and support staff through a person's death. Staff said they were supported by their managers and each other with empathy and understanding.
- The provider recognised the impact on people, relatives and staff when a person living at the home had passed away. People and staff were supported through the grieving process and given time to reflect and remember the person who had died. The provider described how this in turn had led to the creation of a dedicated space called the 'Secret Garden'. This was a place where people, relatives and staff could spend time and remember people who had passed away. We were told of relatives who still regularly visited the home to spend time in the 'Secret Garden' with staff to remember their loved ones which brought them great comfort.
- Staff had received many thank you cards and compliments from relatives, acknowledging their care and compassion they had shown towards people and their families at this time.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received exceptionally compassionate person-centred care which met their individual needs and exceeded their expectations. One relative said, "The care is fantastic, but I would expect it to be, its not a care home it's our 'home'. Another said, they really try to make sure mum has what she needs. She's treated

like family and we never expected that".

- People and relatives were actively involved in planning and developing their care and told us they felt valued and listened to. One person said, "They took time to find out how I wanted to be cared for, and what my needs were". A relative told us, "The standard of care people receive is exceptional."
- Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way. For example, we saw one person's care plan described in detail the support they required, as well as their passion for Westerns and the local football team. A staff member told us how they had used this information to build a positive relationship with this person. Another described how important it was for a person to have their empathy cat as it reminded them of the animals they used to own. When we checked we found the person had their cat with them.
- We saw how staff supported another person with an 'empathy doll' which was clearly precious to them as they carried it always. This helped to reduce the person's anxiety and had a positive effect on the person's overall wellbeing. Another person was known to become distressed and anxious. Staff had sought guidance from the 'older person's mental health team' and developed a plan for staff to follow to support this person's well-being.
- People's communication needs were recorded, known and understood by staff. Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand, such as pictures, large print, or writing a simple phrase. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS).
- People were supported to maintain relationships which were important to them, with friends and relatives. For example, through visits, coffee mornings and trips out, according to individual preferences. People were supported to attend local churches and regular services were also arranged at the home in recognition that some people were no longer able to easily leave the home.
- The home used assistive technology to enhance people's wellbeing and keep them safe. The provider had purchased a range of electronic devices. For example, hand held tablets could be used to connect with relatives through Skype as well as looking at old photos or places people had been. The provider had also purchased an 'Alexa' which people used to play their favourite songs. Pendant alarms enabled people to be able to call for assistance when needed.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.
- Activities were designed to be personal. They encouraged social interaction, provided mental stimulation and promoted people's well-being. People spoke highly of the level of activity and entertainment provided. One person said, "There is always something going on." The home's activities programme was displayed on a notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, tai chi, arm chair exercises, film afternoons and quizzes.
- The home had a mini bus which was used for regular outings to places of interest, such as the Mare and Foal Sanctuary, Occombe Farm and Goodrigton as well as taking people out for coffee or shopping upon request. One example of this was a recent trip to Marks and Spencer's.
- Staff were continually looking for new experiences and opportunities for people to enjoy. For example, one person had spoken fondly of their time on the railways. Staff supported this person to visit the Dartmouth Steam Railway where he had an amazing time. He spent time on the 'footplate' reminiscing about his work, his life and how he met his wife.
- Staff recognised the benefits of music therapy and the impact this had on people's health and mental wellbeing. As well as holding regular singing sessions which people told us they loved. Harbour Rise was involved with a local community group, who raised awareness of dementia. This provided people with MP3



players programmed to play the music people enjoyed and to remind them of key moments in their lives. One person had become isolated and withdrawn and had stopped communicating with the world around them. Through the introduction of the MP3 player they had found a new lease of life: they were now smiling and interacting with staff and others.

- The registered manager and staff were committed to ensuring people were part of the local community and had opportunities to engage with people of all ages and interests. The home valued the importance of intergenerational integration and had built strong positive working partnerships with the local nursery, primary school and Brixham college. For example, students from Brixham college were currently working on a project with people to develop personalised high-level profiles about people's lives, places of interest and significant events which could be framed. We heard how people had really engaged in this process and opened up about their lives, presenting photos, talking about their children and their families. The provider explained the importance of those interactions and the positive impact on people's physical and mental health, such as increasing people's self-esteem, self-worth and self-confidence.
- The provider was creative and innovative in the way they used technology to meet people's needs. For example, we saw the provider arranged for the home to take part in the live streaming of "Jack and Beanstalk" at Christmas for people who were not able to attend the local theatre which they loved.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right and relatives were confident action would be taken if needed.
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. The management team actively sought feedback and viewed any issue raised as an integral part of its ongoing improvement journey and a learning opportunity. In addition to proactively addressing concerns, the registered manager also used relatives' meetings, care reviews and an 'open door' policy to ensure people's views were known and acted upon.
- We reviewed the homes complaints file and saw where complaints had been received. These had been thoroughly investigated in line with the home's own policy and appropriate action had been taken. They had clearly recorded the outcome and provided feedback to the complainant.

# 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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People benefitted from an outstandingly well led service. Care and support was tailored to meet people's needs. Without exception everyone we spoke with told us the home was exceptionally well led. Comments included, "Without a doubt the best home in the Bay" and "All the staff are approachable kind, caring and the managers lead by example". One health care professional said, "The home is well led, responsive to people's needs, and I would be happy for my family member to live there".
- People received a high standard of care because the management team provided strong leadership. They led by example and set high expectations of staff about the standards of care people should receive. For example, the management team worked alongside staff every day role modelling and used this opportunity to gain feedback from people about staff and the service being provided.
- The provider was passionate about continually striving to improve people's care and support. They had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs. For example, they had engaged the service of a local dementia care charity to run training sessions for people, staff and relatives. The provider proactively approached the local authority's quality assurance team and requested they offer critical challenge to their approach.
- The values and culture of the home were embedded through staff training, staff induction, staff supervision. This meant people felt empowered to be involved and make decisions about the running of the home. One example of this was the registered manager had suggested to people living at the home that the seating arrangements within the lounge looked institutionalized. However, people said they were happy with the way the lounge was set out and asked for it not to be changed and the provider respected that. The manager also suggested that staff might not wear uniforms as a way of adding to the family style environment. People overwhelmingly said they preferred staff to wear uniforms and this was respected.
- Staff told us the leadership style helped them to be motivated, feel valued and empowered them to enhance the lives of people and make positive changes. A working environment had been created where their ideas and views were heard and used by the management team. For example, the homes open door policy in the office, meant people using the service, their relatives, friends and staff were always welcome and could drop in for a cup of tea and a chat.
- The registered manager and provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. For example, following a concern raised by a relative the provider reviewed how they handled complaints, this increased transparency and at the same time reduced the pressure on staff. They understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.

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

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- Staff understood what was expected of them, were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first and were motivated to provide and maintain high standards of personalised care which treated people with dignity and respect. They understood their and others roles in achieving the vision of outstanding personalised support.
- The provider had strong and effective governance systems in place to ensure their philosophy, objectives and values were embedded. They carried out a regular programme of audits to assess all aspects of the safety and quality of the service and identify issues. Where shortfalls were found, action was taken. For example, the service monitored staff response times to call bells. Records showed that 96% of calls were responded to in less than a minute. The provider congratulated staff for this high achievement and encouraged staff to understand what prevented them achieving a target of 100% of calls answered in one minute. Other systems to promote excellence included exceptional support for staff to enable them to fulfil their roles and perform as well as they could do. These included regular team meetings, regular supervision, appraisal and training, where the focus was people. Staff told us they felt valued and repeatedly referred to the flexible approach to rota management which enabled them to achieve a good work/life balance.
- Staff were encouraged to develop their skills through training and personal development. For example, the provider was in the process of developing 'champions'. These were staff members who took a lead in a given subject and were given additional training. For example, Parkinson's, dementia and music. People benefitted from staff who had very good up to date knowledge based upon current best practice.
- The provider had recently introduced the concept of Management by Walking Around (MBWA). MBWA is an open style of management that recognises the importance of connecting with people. People told us the management was highly visible and very approachable, whenever they needed to speak to someone they were always available. One person said, "They [meaning the provider/ manager] are always asking me how I am and if there is anything they could do to make my life or the home better."
- Daily handover meetings facilitated the sharing of information, were focused on the people living at the home and their needs. Staff were updated on new issues, and staff were encouraged to discuss any areas of concern. This helped to ensure staff had accurate and up to date information about people's needs.
- Staff told us they were encouraged and supported to raise issues or suggest improvement. One example of this had been the increase in the number of activity co-ordinators, whose hours had been extended into the evening shift as staff felt some people would benefit from having increased opportunities in the evening.
- Information was shared appropriately and efficiently via a computerised email system.
- Senior managers were on call and available 24 hours a day. Specialist support and advice was obtained from external health and social care professionals when needed.

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

- People told us they were fully involved in everything that happened at the service. The management team chatted to them and asked for their feedback, ideas and these were used to make improvements. One example of this was the proposed purchase of a summer house for the garden where people would be able to spend time with friends and family.
- People were kept well informed about developments through resident and relative meetings and told us they felt part of the home and their views mattered. Minutes of meetings were shared with relatives that were unable to attend. One relative said, "We are continually asked for our views and they keep us well informed".

- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics.
- Harbour Rise is part of the Devon Dementia Quality Kite Mark group which is a peer review group that aims to raise standards in the provision of social care for people living with dementia. Through looking at each other's homes the group shares observations, insights and best practice. The most recent peer review in November 2018 gave a positive review relating to empowerment, control and how people's lives were enhanced.
- Plans for the further development of the service were well thought through and resourced, with good governance an integral part of their development strategy. The provider told us how they were in the process of training staff in the 'Eden Alternative'. This philosophy focuses on changing the culture of care and aims to alleviate loneliness, helplessness and boredom through opportunity and spontaneity.
- The registered manager was continually looking for ways to develop and adopt best practice. As such, end of life 'champion' roles were in the process of being developed. These 'champions' would complete a higher level of training to enable them to support other staff through the process of advanced care planning and develop a greater understanding of pain management and symptom relief.
- Staff were valued and recognised for their significant contributions. The success of the care provided at Harbour Rise had been recognised by external care professionals. At this year's Devon and Cornwall Outstanding Care Awards three members of staff have made it through to the semi-finals. This followed on from last year's success where one of their activities coordinators was recognised for her outstanding contribution and won a bronze award for activities coordinator of the year.
- The home had established good links and worked in partnership with key organisations that provided social care services to improve people's opportunities and experiences. For example, Harbour Rise was currently taking part in a project with South Devon and Torbay NHS Foundation Trust's quality assurance and improvement team (QAIT), Torbay NHS Trust and Devon County Council on the 'Red Bag' pilot. This is a scheme which aims to reduce the amount of time people must spend in hospital by helping to ensure people receive the right care, in the right place, at the right time.
- The home worked closely and in partnership with GPs, care managers, district nurses, occupational therapists and the local hospice to ensure 'joined up' care was delivered to people. One community professional said, "I have always found them to be very proactive in seeking advice and are continually looking for ways to improve the quality of care they provide".
- The provider and registered manager were passionate about providing an outstanding service that resulted in the best possible outcomes for people. The management team used every opportunity to learn from others. For example, they spent time visiting and speaking to providers of other outstanding services. They attended local forums to keep them up to date with best practice and were active members of the outstanding managers network.