Safeharbour West Midlands Limited

Safeharbour (254 Hagley Road)

Inspection report

254 Hagley Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 04 April 2017 and was unannounced. 254 Safeharbour is registered to provide accommodation with personal care to seven people with a learning disability, and autistic spectrum disorder. At the time of our inspection seven people were using the service.

There was a manager in post and she was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in February 2015 we found that the provider was meeting the regulations of the Health and Social Care Act 2008. However some improvements were needed as the registered manager had not informed us when deprivation of liberty authorisations had been agreed. At this inspection we found the required improvements had been made.

People received a safe service as clear procedures were in place and staff received training in recognising and reporting abuse. Risks associated with people's daily living had been identified and plans were in place to help to reduce risks. Staff were recruited safely and staffing levels ensured that people were safe. People received their prescribed medicines by staff who had been trained to do this safely.

Staff were trained to meet people's specific needs and they had regular supervision to reflect on and develop their practice. Staff understood the importance of seeking people's consent and were aware of any limitations on people's liberty. People had choices regarding what they ate and drank and were supported to access a range of health care professionals to meet their healthcare needs.

The interactions between people and staff were caring, and respectful. Staff protected people's privacy and dignity and promoted their independence.

Systems were in place to respond to concerns or complaints. Staff were aware of the signs to look out for which may indicate people were unhappy. Relatives, healthcare professionals and staff told us the service was managed well and in people's best interests. Feedback was regularly sought from relatives to enable the service to make any required improvements. Audits were undertaken regularly to monitor the quality of the service provided.

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.

People were protected from abuse and harm by staff who understood how to keep them safe.

There were enough staff to meet people's needs.

People received their medication as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their complex needs.

People's capacity to consent was taken into account and any limitations on choice were understood by staff.

People had access to sufficient food and drink, and support from staff to monitor their healthcare needs.

Is the service caring?

Good

The service was caring.

Relatives described staff as respectful and caring.

People's individuality, independence, privacy and dignity was respected and promoted.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were supported by staff to do the things they enjoyed.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well led.

Relatives thought the home was managed in people's best interests.

Staff felt supported and understood their roles and responsibilities.

Systems were in place to monitor the quality of the service provided.

Safeharbour (254 Hagley Road)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 April 2017 and was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke briefly with all seven people and observed moments during the day to understand how people were supported. People were not able to fully share their experiences with us due to their complex needs. We also spoke with three relatives, 12 staff, the team leader, the house keeper, and the registered manager. We also received written feedback from three healthcare professionals that we contacted before our inspection. We looked at the care records for three people. We looked at the way people's medicines were managed for two people; three staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Good

Is the service safe?

Our findings

We asked a person if they felt safe and they said, "Yes safe". Relatives that we spoke with told us their family member was happy and they did not have any concerns about their safety. One relative said, "I have no concerns about the safety of [person's name] I trust the staff. If I had any concerns I would not allow [person's name] to continue to live there". Another relative told us, "I think my family member is safe". We saw that people appeared relaxed and comfortable in staff member's presence.

Discussions with staff demonstrated their knowledge about the different forms of abuse and the action to take if they had any concerns about people's safety. All of the staff told us they had received safeguarding training and the records we reviewed confirmed this. One staff member said, "I would report it straight away if I saw or heard anything we would not tolerate abuse here". Another staff member told us, "I have had the training and would take action and report anything that concerned me. I know I could also report it to the police and the local authority if I needed to. I have confidence in the management taking action". A review of our records showed we had been informed of safeguarding incidents that had been raised. We discussed with the registered manager about improvements that had been made in response to some incidents, and the registered manager told us procedures had been reviewed, and performance issues had been addressed.

Relatives told us they had confidence in the way the staff supported people to manage risks. One relative said, "I am happy with the way the staff support my family member both inside the home and when they support them to go out. I am happy with the redirection strategies they use". Another relative told us, "The staff know [person's name] very well and they support them well and I am happy with the way they manage their behaviours and anxieties".

Some people living at the home could at times demonstrate behaviours that could be difficult for staff to manage. Records showed that clear protocols were in place which staff should follow to reduce the risk of behaviours that might cause harm. Staff we spoke with had a good knowledge of the signs people presented of increased anxiety and the strategies to implement to divert and reassure people during these times. We saw staff used these techniques when a person became agitated and they provided reassurance and diverted the person's attention to a new activity to focus upon. A staff member told us, "Each person has clear protocols in place and risk assessments which we all follow so we are consistent in our approach. These are reviewed regularly to ensure they continue to meet the person's needs". Staff confirmed they had received training in relation to positively managing people's anxieties and they told us this was updated when necessary. Records we reviewed showed that various risk assessments were in place which were applicable to the person and the risks associated with their health and well-being. A health care professional told us, "Staff are extremely positive as regards to behavioural management strategies".

We saw that people lived in an environment that was safe and met their needs. Records showed that environmental risk assessments were undertaken and where risks had been identified these had been addressed. For example we saw that some of the communal areas had been fitted with soft material to prevent any injury to people that may bang their head against the wall. We saw people were supported to

access the communal areas and the kitchen areas by staff to ensure people remained safe. Staff we spoke with told us of the procedures they would follow in an emergency situation and the actions they would take. This included seeking medical attention if this was needed.

We saw that accidents or incidents were monitored for any patterns or trends. This included any use of physical intervention strategies. For example using low level restraint such as linking a person arms and guiding them to a place of safety. Records showed that any use of this intervention was recorded along with the rationale for its use. The registered manager reviewed these records and the incident report to ensure appropriate interventions were used in accordance with the person's risk assessment.

Relatives we spoke with told us they thought the staffing levels were sufficient and in accordance with people's needs. One relative told us, "My family member has the staffing they need to live a quality life and to be able to go out and pursue their interests". We saw that people's needs had been assessed and they received support based on the outcome of these assessments. People either received one to one support from staff or if required two staff supported one person. We saw that where required staffing levels where increased to enable people to go out into the community. A staff member told us, "The staffing levels are good and enable us to keep people safe. We work with the same people as often as possible so that they receive consistent support". We saw that a pictorial rota was displayed so people could see which staff would be supporting them each day.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with newly recruited staff members who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. A staff member told us, "All of my checks were done before I could start work". We saw from the staff files that we reviewed that all of the required checks had been undertaken before staff started work.

Relatives we spoke with confirmed that people received their medicines as required. One relative told us, "My family member always takes their medicines so there are no issues. As far as I am aware they receive their medicines when they need them".

Medicines records showed that people received their medicines as required. Where people had medicines on 'as required' basis, written guidance was in place to support staff on when this should be administered. Staff we spoke with had the knowledge about what to look for so they knew when people may need this medicine. We saw that a cream had not been dated when it was opened to enable staff to know when to dispose of it when it had passed its shelf life. We checked the balance of medicines for two people. This was to ensure that the amount balanced with the record of what medicines had been administered. We identified a discrepancy with three medicines where the balances were not correct. We saw there were no records to indicate the possible reasons why the balance of medicines were not accurate. The Registered manager looked into this and confirmed the reasons for these discrepancies. The Registered manager acknowledged and confirmed that staff had not recorded the rationale to support the discrepancy with the balance of medicines. A recent audit that had been undertaken did not record the amount of tablets that were in stock at that time. The registered manager gave us assurances that action would be taken to address these issues.

We saw that audits to check the medicines where undertaken on a regularly basis and where shortfalls where identified action was recorded to address this. This included retraining of staff and discussing performance issues with staff. The provider information told us that staff received training to administer medication and a medication competency check is carried out annually. Staff we spoke and the records we

reviewed confirmed this.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they had confidence that staff had the skills and knowledge to support people. One relative said , "The staff know what they are doing and I know they receive training to ensure they can support people appropriately as they have told us. I have confidence in their skills". Another relative told us, "The staff are well trained and I have no concern about their abilities". Our observations showed us that staff had the knowledge and skills to meet people's needs in accordance with their preferences.

The newly employed staff that we spoke with confirmed they had completed an induction when they first started working at the home. A staff member said, "The induction was really good, I completed the care certificate and had shadowing opportunities which meant I had time to get to know people and their routines. I think it gave me the skills I needed and prepared me for my role". The Care Certificate is a nationally recognised induction process which provides a set of fundamental standards for the induction of adult social care staff.

Other staff we spoke with confirmed that they had received the required training to equip them with the skills for their role. One staff member said, "I have done several training courses over the years including a national vocational qualification. We have positive training opportunities here". Another staff member told us, "I am due some refresher training which is being planned. I am up to date with my MAPA training so I can manage any incidents safely". Management of Actual or Potential Aggression (MAPA) is specific training to equip staff with the skills necessary to support people with their behaviour in a safe way. We saw that some staff were overdue refresher training but action was being taken and training had been planned. The registered manager advised that Autism, Mental Capacity Act training (MCA) and Equality and Diversity training was planned for the forthcoming weeks. In addition to this we were informed that a workshop was also planned. Staff told us about these workshops which were facilitated by the provider. The purpose of these were to review and discuss individual's needs and the strategies staff used to support them. Staff were given opportunities to openly discuss what strategies work well and areas for improvement. The workshops ensured that all staff had the same information and therefore encouraged staff to provide consistent support to people. A staff member said, "The workshops are really good we have them for each person and it is a chance to review the person's needs, routines and the strategies we use. They are inclusive so we all can contribute and make suggestions".

Staff we spoke with told us they felt supported in their role. One staff member told us, "I feel supported there is someone I can go to if I need advice or if I have any issues". The registered manager advised that everyone had recently had a supervision, which staff we spoke with confirmed. Staff advised that they had not yet had an appraisal. The was identified in the provider information we received which told us that this was an area that they intended to improve upon in the next 12 months.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that where people were being deprived of their liberty, authorisations were in place. Records showed that people did not have any conditions on their authorisations.

Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and they confirmed they had received training. Staff knew which people had an authorisation in place and the reasons for this.
We observed that staff understood the need to seek people's consent when delivering support. One staff member told us, "I always seek consent before providing support. I observe the person's facial gestures and body language as an indication they are happy for me to support them. If people did not wish to undertake an activity or task they would let us know and I would respect their decision". A relative we spoke with told us, "I was consulted as part of the assessment undertaken for the DoLS authorisation. I am aware of the limitations and restrictions that are in place for [person's name]. I know the staff seek consent and offer choices as I have seen this and saw the records they use to demonstrate this. I know that if [person's name] did not want to do something they would make this known and I know the staff would respect this". We observed staff asking people's consent before providing support and before planned activities were undertaken. We also observed staff providing people with choices where this was possible.

People indicated that they enjoyed their food. One person told us that their lunch was "tasty". Another person appeared to enjoy their lunch and gestured to staff to indicate they wanted their snack following their sandwiches. Relatives we spoke with told us people had access to food they enjoyed including snacks unless there was medical reason for this. One relative said, "My family member enjoys their food but due to a recent medical condition they have had to cut down on certain food options but they seem better for it". We saw that people were supported to make food choices and prepare their breakfast and lunch. We saw that people's preferences were recorded and the house keeper had access to these. Discussions with the house keeper demonstrated her knowledge of people's likes and dislikes and of their dietary requirements. The house keeper told us, "We try to promote healthy eating, but we also take into account people's likes and preferences when we plan the menus". We saw that pictures were available to assist people to make choices about their meals. We saw that although the kitchen was kept locked for safety reasons, staff supported people to access the kitchen to make drinks and snacks as they wished. Staff we spoke with told us they had recently noticed a person's swallowing abilities had changed and a referral had been completed to the speech and language therapist.

Relatives we spoke with confirmed their family member's healthcare needs were met. One relative said, "[Person's name] attends all of their routine checks and medical appointments. The staff support them to these and then they provide feedback to me". Records showed that people were supported to maintain their health and had access to their GP and other healthcare services. Each person had their own health action plan which detailed information about how they took their medicines and how they expressed pain. We saw that a person was reluctant to receive support from a healthcare professional and action was being taken to support this person and manage the situation. We were advised that best interests meeting would be held to agree a strategy of how best to respond to this issue as well as ensuring the persons healthcare needs were met.

Good

Is the service caring?

Our findings

Relatives and healthcare professionals made positive comments about the care provided at the home. One relative told us, "The staff are absolutely brilliant, and tuned into to what [person's name] needs. I think they probably receive better care than what I could provide. I am happy as I know they are happy". A healthcare professional told us, "The staff are extremely helpful and obviously very caring individuals".

We observed people engaging with staff and saw lots of friendly interactions, such as smiles, laughing and hugging. One person said, "Yes" when we asked if they liked staff. People appeared comfortable in the presence of the staff that was supporting them. Staff told us how they enjoyed working at the home and supporting people. One staff member said, "I love this job it is so rewarding and I love working with the people that live here they have great personalities". All of the staff we spoke with demonstrated their passion for ensuring people received positive life opportunities.

We heard staff speak to people respectfully using their preferred methods of communication. Staff were patient in explaining tasks to people and gave people time to process the information before making choices. We saw that some people were able to communicate verbally using certain words and other people used pictures and objects of reference. Staff were responsive to people's communication needs which demonstrated that staff knew people well. Staff were mindful about how our presence could impact on people's anxieties and they provided reassurance and support when we spent time with people.

We saw that where possible people were involved in making decisions about their care and daily lives. This included what tasks they wanted to do or where they wanted to go in the home. One person indicated that they wanted to go and sit outside and the staff supported them to do this. We saw that a person did not wish to participate in a certain activity and indicated this by using certain vocal sounds. The staff were able to interpret this and respected the persons decision and offered them something else to do.

We saw that people had some private time on their own without staff presence. This was usually in their bedroom or when they used the bathroom. Staff remained close by just in case people required support. A staff member told us, "People do get some private time as they are supervised by staff all day long, but we do stay close so they can come and get us if they need us". Staff were able to tell us how they maintained people's dignity such as ensuring people were supported to choose suitable clothing to wear which reflected their age, and style.

People were supported to maintain relationships with their relatives or significant people in their lives. A relative told us, "It was hard when [person name] moved into the home but the staff supported me and [person's name] and they understood how difficult it was for me. They have
been caring towards me and helped me to maintain my relationship with [person's name] which is much appreciated". Another relative told us, "The staff keep us informed about our family member's well-being so we know how they are and what has been happening when we meet up with them again".

People were actively supported to be as independent as possible. We saw people being encouraged to

clean their room with staff support. Staff also told us people were supported to go shopping to buy food and then to cook themselves a meal. A staff member told us, "We try and get people to do as much for themselves as possible but this is dependent upon their mood and how they are feeling".

People were supported to access the services of an advocate when this was required. We heard that some people were currently using an advocate service to support them to make decisions about certain aspects of their life. An advocate is an independent person who supports people to make their own informed decisions.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they thought people received personalised care that was responsive to their needs. A relative said, "[Person's name] is very well looked after and they receive the support they need that meets their individual preferences". Relatives spoken with also confirmed their involvement in the assessment and care planning process. One relative told us "I have been involved every step of the way and the staff have consulted me about [person's name] needs and preferences. I am invited to reviews and consulted about best interest's decisions that have to be made".

Records we reviewed confirmed that support plans were in place which were detailed and tailored to the support needs of the person. We saw that reviews were undertaken on a regular basis and that family and other key people were involved and contributed to these. A healthcare professional told us, "I have been involved in a care package for an extremely complex person. During these reviews I am impressed with the warmth and sincerity as regards ensuring that this person is assisted in reaching their desired life goals, via person centred planning".

Staff were knowledgeable about people's needs and routines and were able to tell us how people liked things done. A staff member told us, "People like routines and structure to their day and this is what we provide them with. But we also work flexibly and observe people's moods as this has an impact on people's ability to cope with completing certain tasks, or going out. We have to be responsive to how people are feeling".

Relatives told us they thought people were supported to participant in hobbies and activities they enjoyed. One relative told us, "[Person' name] has a great life they are always out and go on holidays they have a better social calendar than me". Another relative told us, "I am happy with the provision of activities and outings that [person's name] is supported with. The staff keep them occupied and they do the things that [person's name] enjoys". We saw that people were supported to engage in various activities and to go out during our inspection. For example a person went for a walk and out for lunch and another person visited a theme park. We saw that when people remained in the home they were given choices of how to spend their time such as watching television, listening to music and using their electronical devices. A sensory room is provided in the home and we saw this had been painted to reflect the individual tastes of the people that live in the home. Staff told us the sensory room was used on a daily basis by people. A staff member said, "People love using this room, they can either relax or let off some energy by using the ball pit, it is great fun". We saw that a Jacuzzi type bath was also available in the home for people for relax in. We saw activities were focused on each individual's preferences, and each person had a detailed weekly timetable which had recently been reviewed.

Relatives we spoke with all knew that a complaints procedure was in place. One relative said, "Yes I know how to complain a procedure is in place and I am confident any issues would be listened to and addressed. I have never had to complain but if I had any concerns I would let the manager or the provider know". We reviewed the complaints records and the issues that had been raised since our last inspection. We saw that these had either been investigated or where in the process of being investigated. The registered manager

told us about some of the learning that had taken place in relation to concerns that had been raised. This included staff receiving specific training, and people's routines and activities had been reviewed and amended.

People who lived in the home may not be able to verbally express any concerns they had or report any complaints. Relatives we spoke with told they would know if their family member was not happy. A relative said, "If [person's name] is not happy I would know from their expressions, body language and behaviours. I would then try and find out the cause of this and take action". Staff we spoke with also said they 'would know' if someone was not happy. A staff member said, "We know people's moods and how they express themselves so I would know if someone was sad from their moods, and how they are vocalising. Some people would also become withdrawn. I see myself as an advocate for people so I would speak up if something was not right".

Good

Is the service well-led?

Our findings

At our last inspection we found that improvements were required as the registered manager had not notified us when Deprivation of Liberty authorisations had been agreed. We found that following our inspection the registered manager had completed the required forms and notified us about these authorisations. The registered manager continued to be aware of her legal responsibility to inform us about any incidents of concern and safeguarding alerts as is required within the law. A review of our records confirmed that we had been notified as required.

People indicated to us they liked living in the home. When we asked one person if they were happy living here they smiled and said "Yes". Relatives we spoke with were complimentary about the management team and the way the service was managed. One relative said, "People are put first here. I have a good relationship with the manager and the provider and I trust them and have confidence in them to provide good quality care. Both are really approachable and focused on what is best for people". A healthcare professional told us, "I have observed staff interactions with family members, which I was impressed with and reassured. I would have no hesitation in recommending this service for people with complex needs".

We saw that people were familiar with the registered manager who knew them well and was able to demonstrate she understood their needs. We saw one person went into the office and gestured to her and she understood what they had said and responded. This demonstrated that she knew how to communicate with the person. The registered manager told us, that she continued to work alongside staff on a regular basis in order to keep in touch with people's specific needs and to support and observe staff practices.

Staff that we spoke with said they felt supported by management. One person said, "The manager is approachable, supportive and manages the service well. I feel supported by all of the management team". Another staff member said, "I feel supported and there is always someone I can turn to for advice and support when I need this". Staff confirmed that regular meetings were held where they discussed the service. One staff member said, "In the staff meetings and the workshops that are held I feel able to express my opinion and make suggestions". We saw that handovers were undertaken following each shift to enable staff to share key information and communicate about how their shift had been and the well-being of people. Staff told us that although these systems were in place they thought communication could be improved upon. One staff member said, "We have such a large staff team due to the staffing levels and this does have impact on the communication. This could be improved so that we are all kept informed." This feedback from staff was shared with the registered manager to explore further with the staff team and possible solutions.

Relatives we spoke with confirmed that their feedback was regularly sought in review meetings and through a quality assurance survey which they received annually. One relative said, "I get a survey every year to complete requesting what I think about the service". We looked at the results of the recent survey that had been undertaken in December 2016 and this showed that positive feedback had been received. Comments made included, "I am very happy the home is very good", and "Year after year Safeharbour provides a safe and caring environment for my family member. The standard of communication is good and it is clear that

there is a genuine concern for people's welfare and needs. Thank-you".

The provider information told us that regular audits were undertaken to monitor the quality and safety of the service provided. The provider told us that routine checks were completed on the Fire systems, electrical appliances and that health and safety risk assessments were undertaken. We sampled some of these records and found that audits and assessments had been completed as stated. We saw that each person had an emergency evacuation plan completed but these were stored in their individual files and a copy was not available in a central file to make it easily accessible in the event of an emergency. The registered manager confirmed this would be addressed.

Records showed that the provider visited regularly and completed a monthly audit of the service. A report was provided for the registered manager containing any action points. We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends. We saw that although the registered manager confirmed that she reviewed the records when restraint was used there was no evidence to verify this. The registered manager assured us that this would be addressed.

Staff we spoke with confirmed that a whistleblowing policy was in place and that they felt confident to use it and share any concerns. A staff member said, "If I saw or heard anything that I was not happy about I would report it to management. Whistleblowing is the process for raising concerns about poor practice.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we agreed. At our last inspection in February 2015 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live at the home. We were able to see the rating displayed at the home and on the provider's website.