Harbour Care (UK) Limited

The Piers

Inspection report

166 Columbia Road
Ensbury Park
Bournemouth
Dorset
BH10 4DT

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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

The inspection was unannounced on 12 January 2017. At the last inspection completed in July 2013 we found the provider had met all the regulations we reviewed.

The service does not have a registered manager. The previous manager left in September 2016. There was an acting manager in post who was responsible for The Piers and another home for one person in the local area. They were covering the post until a new registered manager could be appointed. The provider was actively recruiting for a registered manager. 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 2008 and associated Regulations about how the service is run.

The Piers is a care home without nursing in Poole for up to three people with learning disabilities. At the time of the inspection two people were living at the home. The service also provided personal care and support to one person living the community six days a week during the day. There were not any plans to offer this service to any other people living the community.

Relatives told us they felt their family members were safe at The Piers. Staff knew how to recognise and respond to any signs of abuse.

Risks to people's safety were assessed and managed to minimise risks. Staff followed any risk management plans in place for people. Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines.

Staff knew people well and understood their needs and the way they communicated. People received care and support in a personalised way both at The Piers and in the community. Relatives told us people were very well supported by the staff.

Staff were encouraging, caring, and compassionate and they treated people with dignity and respect. People and staff had good relationships. People were supported to take part in activities both in The Piers and in the community. This included sensory activities.

People received the health, personal and social care support they needed. People's health conditions were monitored to make sure they kept well.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff were recruited safely and people were involved in the recruitment of staff. There was a core of staff that knew people very well. There had been some changes in the staff team but this had not impacted on the people living at or that were supported by The Piers.

The culture within the service was personalised. Relatives and staff told us they had confidence in the acting manager. There were systems in place to monitor and drive improvements in the safety and 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.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care was provided with empathy and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Family were made welcome and continued to play a part in in their family member's care and support.

Is the service responsive?

Good

The Piers was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Relatives knew how to complain or raise concerns.

Is the service well-led?

Good

The home was well-led. Observations and feedback from staff and relatives showed us the service had a positive and open culture.

Relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the acting manager.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

The Piers

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 12 January 2017 and was unannounced and was conducted by one inspector.

We met, spoke with and Makaton signed (a type of sign language) with both people. We observed staff supporting people. The people we met had complex ways of communicating and were not able to verbally tell us their experiences of the service. We also spoke with the acting manager, the regional manager and three support workers.

Following the inspection received email feedback from two relatives.

We looked at two people's care and support records in detail, this included the person who is supported in the community, and other records about how the service was managed. This included meeting minutes and quality assurance records.

The previous registered manager completed a Provider Information Return (PIR) in September 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that the service had notified us about.

Prior to the inspection we sought the views of commissioners and health and social care professionals.

Following the inspection, the acting and regional manager sent us confirmation of the service's internal action and improvement plan, regional training plan and staff training information.

Good

Is the service safe?

Our findings

One person who did not use words to communicate freely approached staff and sought their attention. They Makaton signed what they wanted to do next and they smiled, gave staff eye contact and they were relaxed with staff. The other person smiled and laughed when the acting manager spoke with them and responded to their requests. Relatives told us they felt their family members were safe at the home. One relative said staff were very vigilant and were particularly aware of any verbal abuse their family member may be subject to in the community. They said staff kept a 'very close eye' on their family member.

Staff had received safeguarding training as part of their induction and ongoing training. Staff including a new starter were confident of recognising the types of the abuse and how to report any allegations. They were able to describe how they would know if the person was worried or upset about anything.

There had been no safeguarding referrals made or raised in relation to the home, The acting manager was aware and knew how to report any allegations of abuse.

Staff had received training in medicines administration. We reviewed two people's medication records and saw from Medication Administration Records (MAR) that medicines were administered as prescribed. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in the person's 'as needed' care plans.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, and behaviours that may require a positive response from staff. The risk assessments and management plans in place for the person who lived in the community reflected their home environment and the activities they participated both in their own home and community. For example, there were stage by stage plans in place of how staff were to manage any epileptic seizures for the person who lived in the community. For one of the people who lived at The Piers there was a clear positive behaviour support plan that included that as last resort safe holding strategies were to be used. The plan also included that there needed to be a debriefing session for both the person and the staff following any incidents.

There was a staff team that worked across The Piers, another home in the locality and working with the person who lived in the community.

Relatives, the acting manager and staff told us there were enough staff to meet people's needs although there were some staff that were leaving the service. The manager told us that staffing was calculated on people's individual needs and they ensured that where people were funded for one to one or two to one staffing this was provided. Each day staff were allocated to work with specific people.

A relative fed back that there had been some recent changes in the staff team that supported their family member. However, they told us they had every confidence in the acting manager to recruit the right staff and they were happy with the staff team. Another relative told us the staff worked well as a team and even

though there were some changes there remained a core of staff who knew their family member well.

We looked at two staff recruitment records. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. In addition all new applications included an on line personality test to ensure new staff had the personal attributes to work with people with learning disabilities and complex needs. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. This included specific plans for a staff member's health condition. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment.

A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area. During the inspection they were decorating at the home. The staff member had been trained in positive behaviour support and was actively involved in supporting and interacting with people whilst they at The Piers.

Good

Is the service effective?

Our findings

Relatives told us and we saw staff had the skills and knowledge to effectively support and care for people. Relatives told staff were well trained and had the specific skills to meet their family member needs. One relative fed back that staff knew and understood their family member's communication, and understood how to meet their sensory needs. The person used a Picture Exchange Communication System (PECS) symbols. This is a system to assist people in communication that are unable to do so through speech.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. However, some staff in the team across the two homes had not yet attended Makaton, positive behaviour support and physical intervention training. This shortfall meant that staff may not have the skills and knowledge to safely support the people who lived at The Piers or were supported in the community. The regional manager sent us the regional training plan that confirmed the positive behaviour support and physical intervention training would be provided in February 2017. They were sourcing Makaton training. In the interim they planned to introduce a Makaton sign of the week that would be chosen and signed to all staff by the person who used Makaton to communicate. This was because the person had personalised some of their Makaton signs.

A new staff member told us they had worked alongside staff during their first two weeks at the home. They were new to the care sector and the acting manager and other staff had ensured they had a full induction into the service. They were knowledgeable about important information about the people they were supporting and safeguarding. They were waiting for their electronic induction training log in to be set up so they could complete their online training. During the inspection the acting manager chased up the provider's training department to ensure this was set up.

New staff were completing the care certificate which is a nationally recognised induction qualification. There was a training plan in place.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with the acting manager. The acting manager and staff said and records showed staff had their annual appraisals.

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

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. There were systems in

place for monitoring and ensuring any conditions set by the authorising authorities were met. The manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. For example, a mental capacity assessment and best interests decision had been made for one person in relation to physical intervention as part of their positive behaviour support plan. The acting manager was developing a system to make sure that any best interests decisions in place were periodically reviewed.

Staff sought consent from people before care and support was provided. Each person had a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions including what body language, Makaton signs and or words they used. These profiles also included when staff would need to consider undertaking a mental capacity assessment and best interest decisions for the person.

People's nutritional needs were assessed, monitored and planned for. One person had a condition where their food intake needed to be monitored as they would not regulate this themselves. Each Sunday people chose the following weeks evening meals by using pictures and photographs. The person living in the community chose their food and drinks on a daily basis. Relatives told us their family members were always given a choice of foods in a way they could understand. One relative fed back that staff offered the person lots of healthy crunchy and strong tasting foods to meet their sensory needs.

The people who lived at The Piers had health care plans in place and they also used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow. The person living in the community also had a health care in place.

People's health conditions were closely monitored and procedures were followed as detailed in their care plans. For example, one person was prone to constipation and this had a negative impact on their well-being. This condition was closely monitored and the combination of medication and healthy eating was used as directed in the person's care plan. The person's relative confirmed that this person's condition was well managed.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, chiropodists, and specialist consultants. People had regular dental and optician check-ups.

Good

Is the service caring?

Our findings

There was a calm relaxed and friendly atmosphere in the house. We saw positive caring interactions between staff and people. Staff were smiling and spoke quietly when they interacted with people, they knew the best ways to elicit a response from people and people responded with smiles and laughter.

Relatives told us staff were caring and had good relationships with their family members. One relative emailed to us, 'I feel most of the staff are very caring and compassionate, they are gentle and kind, upbeat and patient, encouraging and empathetic and aware. They choose the right moments to be playful and energetic or gentle and empathetic. They give (person) space but will be aware of when (person) wants staff around.'

We saw and relatives told us that staff respected people's privacy and dignity. Staff knocked and asked permission before they entered people's bedrooms. One person used PECS symbols to communicate to staff when they wanted time alone in their bedroom. A relative told us that staff gave their family member space but were also aware of when the person wanted staff nearby. Staff respected the person's wishes at these times. They also told us that staff always maintained the person's dignity if there was an incident where they became upset in the community.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. One person was now using video calls with their parents as a way of being able to see them when they wanted to. People visited their families with staff support.

One of the people living at the home had died suddenly a few months prior to the inspection. The acting manager and staff spent time with people explaining this to them in ways they could understand. For example, for one person they used a used a 'social story' to explain to them about the other person dying at hospital. Social stories' are a way of explaining a situation or event in a way people can understand by using pictures and a comic strip style dialogue. They also took the person to the hospital to show them the person died at a specific part of the hospital not the outpatients department were they usually attended. This was so the person was not worried or scared about attending their regular outpatient appointments. Relatives also commented on how sensitively staff supported the people, relatives and each other during this time.

Good

Is the service responsive?

Our findings

During the inspection all of our observations showed us that staff were very responsive to people's needs. Staff responded to people's communication and gestures which included Makaton signs. People had detailed personalised communication plans. For example, one person's communication plan included the Makaton signing alphabet and pictures of all the Makaton signs the person used and what they meant. The plan described that the person also used a communication board with PECS symbols to make choices about activities. There was a core stable staff group and staff we spoke with had a good understanding of people, their lifestyle preferences and the way they liked to be cared for. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything.

People had their needs assessed and from this a care plan was produced. This written plan detailed how staff were to provide care and support to the person. These care plans were also supported by pictures and photographs so people could understand them.

We observed staff supporting one person and saw that they followed the person's positive behaviour support plan. The person had a plan to work towards achieving a sticker every day and when they had 20 stickers they bought something of their choice. The plan was very clear and the person understood it and there had been a significant reduction in the person being upset and anxious and a reduction in negative behaviours where they destroyed their possessions. Staff reassured the person when they Makaton signed about their sticker that day. This was because even though the person had been a little upset whilst they were out, the staff told the person they could still achieve their sticker by the end of the day. This followed guidelines specified in the person's plan.

People's care records included their life history, important relationships, their strengths, things they enjoyed and things they didn't like. People's care plans were personalised and focused on them as individuals. They also included important details for staff so they could understand the person from their perspective. For example, one person liked to look at things from the corners of their eyes.

Staff understood people's complex and sensory needs. Details of how to support these needs were detailed in their care plans. For example, one person had specialist sensory equipment and lights in their bedroom including a television projection system. Staff were also aware of when the person wanted to use their weighted blanket. A weighted blanket provides pressure and sensory input for people with autism and other disorders. The pressure of the blanket stimulates the brain and releases a hormone called serotonin which is a calming chemical in the body.

People's care plans were reviewed monthly. There were systems in place to review people's care plans monthly. However, the frequency depended on the person and their needs. For example, one person was more likely to be upset or anxious before Christmas or before certain planned activities. Staff reviewed the person's care records more frequently at these times. This was to make sure they were able to respond quickly if the person' behaviours or needs changed.

People were involved where possible in their monthly reviews. One person's monthly review was produced using photographs of what the person had been doing over the last month. This was so they could communicate to staff what they had enjoyed. These reviews included planning for the next month and this was then included on the person's monthly planner. In addition, each person had an annual review. Where people were not fully able to participate in these reviews their family members, representatives or advocates were invited and consulted.

People were encouraged to be independent and freely moved about the bungalow. One person Makaton signed they wanted to show us the bungalow. They took us into their bedroom and showed us their important possessions and their monthly planner that showed when they going to stay with their parent. When we asked them in Makaton signing if they liked the bungalow and staff they signed 'happy'.

People had the opportunity to take part in activities at The Piers and the community. One person Makaton signed to us they were going to the day service and then later on that they were going to the shop. People also enjoyed gardening and The Piers had won the provider's 'garden in bloom' completion in 2016. The person living in the community had a plan of different activities for staff to support them with. These included swimming, walks, visiting farms, trampolining, going to a sensory room, horse riding and visiting different cities.

There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried if they did not communicate verbally. This information about complaints was included in the care records and plan for the person who lived in the community.

Relatives told us they knew how to complain. One relative emailed, 'I do not feel inhibited about raising concerns, for example, in the past when I raised a concern verbally I was asked to put it in writing. I feel this shows I was taken seriously.' There had been no written complaints made since 2014.

Good

Is the service well-led?

Our findings

The service does not have a registered manager and this was an area for improvement. The previous manager left in September 2016. There was an acting manager in post who was responsible for The Piers and another home for one person in the local area. They were mainly based at The Piers and visited the other home two or three times a week. They were covering the post until a new registered manager could be appointed. However, they had identified and informed the regional manager shortly before the inspection they wished to step down from the role. This was because they preferred to work directly with people rather than managing the homes. The regional manager told us they were in the process of interviewing prospective registered managers.

Relatives told us the service was well-led. One relative emailed us, 'the current manager is hardworking and totally committed to the welfare of (person). I have complete trust in (acting manager) to do the right thing for (person).'

We received positive feedback from the commissioners of the service. They told us the contract monitoring visit the previous year had been very positive and any actions identified had been met.

There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. The acting manager sent us a copy of their action plan and they had taken action to meet any areas for improvement identified by the quality team. In addition, the senior staff team undertook reviews of medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents.

Action was taken in response to any shortfalls identified during internal quality reviews and the improvements were maintained. For example, the shortfalls identified in medicines recording and management and cleaning during the internal compliance review in August 2016 had been addressed. The audits and reviews showed that since the introduction of the additional medication checks people consistently received their medicines as prescribed. We saw the bungalow was clean and that the cleaning schedules put in place had been completed.

Staff said they were supported by the acting manager, they were approachable, and that they listened to staff and acted on what they said. We found, from staff records and from speaking with staff, they understood their roles and responsibilities. The staff were committed to people and wanted to look at ways of improving people's lives. There were bi-monthly staff meetings and the minutes were available to staff. Staff knew how to whistleblow and information was displayed.

Information and good practice was being shared across the homes in the area by the managers at their monthly managers meetings.

Unannounced evening, night time and weekend spot checks were undertaken by both the manager and

other managers in the area. Records of these visits were kept.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents or incidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from accidents and incidents. The acting manager fed back at staff meetings and handovers any learning.

The acting manager told us they were very proud of the progress people living at the home had made with self managing the times when they were upset or angry. This was supported by the significant reduction in incidents where people needed positive support over the last year.

The acting manager notified us of important events and incidents as required by the regulations.