

Harbour Care (UK) Limited

Coral House

Inspection report

15 Alder Hills
Poole
Dorset
BH12 4AJ

Date of inspection visit:
29 December 2015
30 December 2015

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18 February 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced on 29 and 30 December 2015.

The service does not have a registered manager. The previous manager left in February 2015. Two managers had been appointed but had not been registered. From the end of December 2015 the regional manager was going to be based at Coral House until a new full time registered manager could be appointed. 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.

We inspected Coral House in February 2014 and did not identify any concerns. At this inspection we identified five breaches in the regulations and other areas for improvement.

Coral House is a care home for up to seven people with learning disabilities in Poole. The home comprises two separate houses next door to each other. They have separate entrances but access to the other houses can be gained through a locked side gate. At the time of the inspection five people lived in Coral House 1 and two people lived in Coral House 2.

Most people living at Coral House were able to tell us their experiences. Where people communicated differently and were not able to tell us their experiences, we saw that those people and the people we spoke with were smiling, happy and relaxed in the home.

Two people told us they did not feel safe at the home following a recent incident, whilst others told us they did feel safe. People had been given information supported by pictures about how they could report any allegations of abuse. People said they felt safe talking to staff about their worries and staff always acted on this information. However, we identified some delays in reporting some allegations of abuse to the local authority, CQC and or the police. This meant people were not fully protected and potentially placed people at risk of further abuse. This was a breach of the regulations.

Risks to some people's safety were not consistently assessed and managed to minimise risks. Their needs were not reassessed when their circumstances changed and care plans were not updated or did not include all the information staff needed to be able to care for people. Staff did not always follow care plans that were in place for some people. These shortfalls were breaches of the regulations.

There were shortfalls in the records kept about people. This meant there was not an accurate record for each person including what they had eaten, drank, how they had spent their time or the personal care and support they had received. This meant staff did not have the information to be able to monitor people's wellbeing and to know if they needed to take any action in response if people's needs changed. These shortfalls were breaches of the regulations.

The home had not been well led following changes in managers. Following a review of the home by the provider and the local authority there was an improvement plan in place. People and staff were positive about the changes that had been made in a short period of time.

Medicines were managed safely. People received their medicines as prescribed by their GP.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that most people received the health, personal and social care support they needed.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Overall the service was safe but some improvements were needed. People did not always feel safe.

Some risks to people were not consistently managed to keep them safe.

Staff knew how to recognise and report any allegations of abuse; however delays in reporting allegations of harm or abuse meant there was a risk people were not protected.

Staff were recruited safely and there were enough staff to meet people's needs.

The home was clean and there were systems in place to manage the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective but some improvements were needed. People were offered a choice of food and drinks. However, this was not recorded or monitored to make sure people ate and drank enough.

People accessed the services of healthcare professionals as appropriate but this was not always recorded on their specialist health records.

People's rights were effectively protected because staff understood the implications of the Mental Capacity Act 2005.

Staff had effective core training to carry out their roles. There was a training plan in place.

Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Requires Improvement ●

Is the service caring?

The home was caring. The people and relatives told us that staff were kind and caring.

Good ●

People were involved in decisions about the support they received and their independence was respected.

Staff were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

The service was not always responsive to people and their needs and needed to be improved.

People did not always receive the care they needed, their care plans were not always updated and did not include sufficient information about their care and support needs. This meant staff did not have up to date information about how to care for people. Record keeping was not accurate and needed to improve.

People and relatives knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service had not been well led but improvements were being made.

Observations and feedback from people and staff showed us the service had an improving, positive and open culture.

Feedback was being regularly sought from people and staff.

There were systems in place to monitor the safety and quality of the service. An improvement plan was in place with timescales and regular reviews.

Requires Improvement ●

Coral House

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 unannounced inspection took place on 29 and 30 December 2015 and was conducted by one inspector.

We met and spoke with all seven people and used Makaton (a type of sign language) with some people. Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. We observed staff supporting people. We also spoke with the area manager, a covering manager, a team leader, a senior support worker and four support workers.

We looked at three people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider completed 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. We also looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views. We spoke with two people's visiting relatives during the inspection.

Following the inspection, the area manager sent us information about actions they had taken following our feedback, the improvement plan, policies, the staff training and the training plan.

Is the service safe?

Our findings

People were relaxed with staff, and freely approached and sought out staff. This indicated they felt safe at the home with staff. One person told us they felt safe at Coral House. However, two other people told us they had not felt safe following a recent incident with another person who lived there. One person told us they went to stay with their parents for a number of days because they didn't feel safe. Both people knew how to raise their concerns about this with staff at the home and were being offered support from the staff and area manager. Both people told us they were ok with the way staff had responded and supported them. One person showed us the information about reporting allegations of abuse supported by pictures that staff had given them following the incident. They also understood from this information they could speak with CQC in private.

Two relatives told us their family members were safe and they did not worry about their safety. The area manager told us, that following an incident between some people, a relative had raised concerns about the safety of their family member. This information was also shared with us following the inspection by a health professional who sent us the information they had received from the relative. We discussed this with the local authority safeguarding team who had provided additional support and funded extra staffing to minimise the risk of any further incidents occurring.

There were posters displayed in the communal areas and office in both houses about how people and staff could report any allegations of abuse. All of the staff had received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident of recognising the types of the abuse and knew how to report any allegations.

The previous manager had reported any allegations of abuse to both the local authority and CQC. However, there had been delays before these incidents were reported to the police and local authority and this potentially placed people at risk of further abuse. The area manager acknowledged the delays should not have happened and took action to ensure all staff reported any allegations of abuse without delay.

The area manager and previous manager had cooperated fully with any safeguarding investigations. We saw the area manager had taken action following any investigations to make sure that any learning from incidents was shared with staff.

The shortfalls in reporting allegations of abuse were a breach of Regulation 13(1) (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may present challenges to others. For example, there were positive behaviour management plans in place for people who needed them. Staff were clear about the strategies they used to reassure people and manage any behaviours that presented challenges to themselves and others. These strategies focused on people's positive behaviours. However, there were some areas of risk that were not managed and this placed some people at risk. For example,

there was not any risk management plan or monitoring in place for one person who needed their food and fluid intake monitoring.

Another person had a complex health condition and needed their condition monitoring including their oxygen levels and temperature. They also needed to use specialist medical equipment if they became acutely unwell. This person told us staff did not know how to use this specialist medical equipment, that they did not have a thermometer and staff did not know how to measure their oxygen levels. There were no plans in place for some of these procedures and staff confirmed they had not had any training or guidance on using some of the current medical equipment. The person and staff told us they had not been following one of the care plans in place. This meant a change in the person's health condition may not have been picked up.

The shortfalls in fully assessing and managing risks for people was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in medicines administration. The area manager told us and showed us that staff had their competency assessed following completion of their training.

We 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 people's medicines 'as needed' care plans.

We identified that the medicines storage for some medicines did not meet the regulations. The area manager took immediate action and suitable safe storage was fitted during the inspection.

The area manager had reviewed any incidents. This included meeting the staff involved and discussing any lessons learnt. Any lessons learnt led to changes to some people's plans, and the information shared with staff. For example, staff training had been identified and arranged following the review of one incident.

We looked at the staffing rotas for a three week period including the week of the inspection, people, relatives and staff told us there were enough staff to meet people's needs. These rotas had been planned on a week by week basis but staff and managers had fed back that this had been problematic in organising cover. The area manager and team leader told and showed us they had planned the staff rota for the next month. This meant they were better able to arrange cover for planned absences. Agency staff that knew people well were used when the staff were not able to cover any shortfalls.

We reviewed four staff recruitment records and spoke with one member of staff about their own recruitment. 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. 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. In addition, there were weekly maintenance checks of the fire system and water temperatures. There were 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. The wooden decking, that gave access to the garden for those people who used wheelchairs, was rotten and some of the safety rails were missing. This area was cordoned off so people could not access it. Two relatives we spoke with raised

concerns about the delays in the repair or replacement of the deck. The area manager told us that there were plans to replace the wooden decking with composite decking in the spring.

Concerns were raised with us by visiting professionals before the inspection that personal protective equipment such as disposable aprons and gloves were not available when needed. The area manager acknowledged that staff had not been aware of where these had been kept. This equipment was readily available during the inspection and staff knew where it was kept. The houses were clean during the inspection. There was a schedule for cleaning for both houses. People were involved in the cleaning of their bedrooms and some people chose to help with other household chores. However, one of the sofas in Coral House 1 was stained. This was an area for improvement.

Is the service effective?

Our findings

Staff told us they had not had any one to one support sessions until recently. This was because there had been two changes of managers at the home over the last year. The area manager had met with all but three of the staff to provide them with support over the weeks prior to this inspection. There was a plan in place to ensure that all staff received regular support and supervision. The area manager had worked in the evenings so they could spend time with the night staff.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. There was a training plan in place and the area manager had identified that staff needed intensive interaction, Makaton, positive behaviour support, record keeping and specialist equipment training. The area manager also told us all staff including existing staff would be completing the care certificate which is a nationally recognised induction qualification.

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 area manager and team leader understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. Where any DoLS had expired applications had been made to the local authority. The area manager had a system in place to identify when people's authorisations expired.

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 decision were in place for people in relation to specific decisions. However, we did identify that for one person the records of the best interests decisions were not in their current care records. The area manager was aware that these best interest decisions had been made but was not able to locate the records. They believed these records may have been archived. They took immediate action and re consulted the person's representatives and health and social care professionals again about the decisions. The area manager confirmed following the inspection these decisions were now in the person's care records.

Staff sought consent from people before care and support was provided. People confirmed that staff consulted them and sought their consent about important and day to day matters. For example, one person

told staff always sought their permission before entering their bedroom. Records showed us that staff respected one person's decision when they refused consent to having personal care. They returned at a later time when the person did consent to receiving the personal care and support they needed.

Accurate records of the food and drink people had were not kept. This meant the staff were not able to establish whether some people were receiving adequate food and fluids to meet their specific needs. For example, one person was at risk of not eating enough food on a regular basis. Because records did not include what food had been provided this meant they may not have known when they needed to take action to ensure the person ate.

These shortfalls in the record keeping to monitor of people's nutrition and hydration was a breach of Regulations 14 (4) (a) and 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved where appropriate in the preparation of their food. Some people were able to help themselves to food and drinks from the kitchen in one of the houses.

People had access to specialist health care professionals, such as learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

Each person had a yellow health plan and record that was supported by pictures to make it easier for them to understand and included important information about them if they went into hospital. However, these had not been kept up to date. Information was included in other records when people had seen specialists or had their annual health checks. This meant there was not an accurate central health record that was accessible to people and included all of their health records. This was an area for improvement.

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. They told us they liked all of the staff that worked with them. We saw good interactions between staff and people. People were laughing and smiling with staff and this showed us they enjoyed each other's company.

One relative told us, "This is the best place XXX has been, she's very well cared for". Other relatives said the staff were very caring towards their family member. They commented on the positive relationships between some staff members and their family members.

Staff showed a caring attitude towards people and recognised and knew them as individuals. Staff spoke fondly about people, their strengths and abilities. Staff told us they enjoyed working with people.

Three people said that staff respected their privacy and dignity. They told us staff knocked before coming into their bedroom. We saw staff respected people's privacy. For example, when one person did not want to get up when staff knocked on their bedroom door staff respected this.

People's independence was promoted and two people told us they were encouraged to participate in things around the home. People did their own laundry with staff support.

People chose, prepared and cooked their own meals at lunchtime with staff support. They told us they ate together in the evenings. One person told us they helped with the evening meal preparation with staff.

People told us they were supported to maintain important relationships. One person told us they regularly saw their partner and they were able to keep in contact through their phone and computer tablet.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made welcome when they visited. One relative said their family member spoke with them and their friends on a daily basis by phone. Other relatives communicated on a regular basis with staff. One person had been to spend the Christmas holidays with their relatives.

Is the service responsive?

Our findings

People told us and we observed that staff were responsive to people. Staff responded to people's verbal and non-verbal gestures and communication. One person used some Makaton signs and intensive interactions to communicate. Staff were able to effectively communicate with this person. Some staff had been trained in Makaton and it was identified in the training plan for all staff to receive Makaton and intensive interaction training by February 2016.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. The area manager told us they were in the process of reviewing people's care plans and records to ensure they were simpler and easier for staff and people to follow. One person's care plan had been reviewed and a new daily recording format had been introduced.

Some of these plans had been produced by or with other professionals. Staff were following guidance and care plans that were put in place by visiting health and social care professionals. Relatives told us this had improved the personal care and support their family members were receiving. Staff told us following the guidance given by professionals had been very successful in increasing the amount of support two people were willing to accept. This had resulted in people being much more receptive and responsive to having personal care and support to keep their environment safe.

Some people's care plans were not up to date or did not include all of the information staff needed to provide the care and support people needed. For example, one person's plan had not been updated when they had developed a pressure area. Staff had taken appropriate action and the person had been provided with a specialist air mattress and the area had healed. However, because there was not a plan staff did not have any clear directions as to how they were to manage and monitor the person's skin on an ongoing basis.

Three people told us staff involved and consulted them about their care plans. One person told us they were not interested in looking at what was written in their plan but they had agreed to it. This included the support and boundaries that had been put in place to support them with managing some of their behaviours that needed a response.

We looked at one person's care plan with them and they told us staff did involve them in developing some of their care plan. They also told us that staff did not work in consistent way with them and that staff did not follow the care plans that were in place. They told us they were able to choose whether they followed a care plan or not but unless staff followed the plans it was unlikely they would do things without prompting. We spoke with staff and they confirmed that they were not following some of the care plans in place. In addition the person and we identified that there were some areas of needs that had been not planned for. The person said, "They (staff) just need a sheet with prompts and guidance on for what I need to do each day. Then I might do it".

Staff told us they had requested clearer guidance and plans for supporting one person in the community. The area manager had made a referral to the provider's responsive behaviour support team and had

requested support from the learning disability team.

These shortfalls in people's needs and preferences being fully planned for and care plans not being followed by staff was a breach of Regulation 9 (1) (a)(b)(c)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a weekly plan of activities that was based on their personal preferences. This included activities in the home and in the community for most people. Some people attended day services. Some people were choosing not to access the community on a regular basis. The area manager and staff had sought professional advice to look at ways of increasing these opportunities for people.

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. Three people told us they knew how to complain or who they could talk to if they were worried about anything.

Relatives also knew how to complain and raise concerns. There had been two complaints received since our last inspection in February 2014. One of these had been investigated and learning was shared with staff. The other complaint was received during the inspection and the area manager was planning to investigate this complaint within the timescales set out in the policy. We have not been able to assess how this complaint was investigated.

Is the service well-led?

Our findings

The records kept about people were inaccurate, had omissions, did not record information required about people's health condition and did not reflect all of the care and support that had been provided to people. This meant there was not an accurate and contemporaneous record for each person. Staff were not able to effectively monitor and respond when people's needs or condition changed because the information was not recorded.

These shortfalls in record keeping were a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, professionals, relatives, the area manager and the provider had identified that the home had not been well led. Following the departure of the registered manager in February 2015 the provider had appointed one manager to manage two separate care homes in the locality. In addition the area manager had been responsible for all the services in the immediate locality and some services based in the South East. This had meant there was not sufficient management and oversight of Coral House and this had impacted on the safety and quality of the service to people.

Following a review of the home by the provider and the local authority, the provider acknowledged that Coral House needed a dedicated manager and were attempting to recruit a new full time manager. The area manager was covering the management of the home three days a week and the team leader was working five days a week in addition to the staff working with people to focus on the improvement plan in place. The provider's regional manager was also providing additional support to cover the area manager's role.

Staff were positive about the support and management being provided by the area manager. They told us they felt listened to, that things were improving and they were being kept informed about any changes. They told us the area manager had shared the improvement plan following recent monitoring visits by the local authority and the provider.

People told us they had regular 'Your Voice' house meetings. However, we saw from the minutes and one person told us that actions from previous minutes had not previously been followed up. The person told us the area manager had followed up anything they had raised since they had been based at Coral House.

Some relatives we spoke with had low confidence in how well led the home was due to the changes in managers over the previous ten months.

There was a comprehensive improvement plan in place with timescales with the actions to be met by the end of January 2016. The area manager had developed this from the shortfalls identified by the local authority contract monitoring team and provider's internal compliance assessment. In addition they had included areas identified from feedback from visiting professionals, safeguarding investigations, relative feedback and in house audits. The local authority contract monitoring team and the provider's internal compliance team had visits planned in January 2016 to review the progress on the improvement plan. As this

improvement plan was still in progress we were not able to assess how effective this would be and whether the improvements could be sustained.

All staff knew how to whistle blow and there were posters displayed in the staff areas with details of who they could contact. They were confident that any issues they raised would be addressed.

We had not been notified about some events or incidents as identified in the regulations. For example, we had not been notified of all incidents when a person had sustained a significant injury or where a person had a pressure sore and where a person was admitted to hospital following an incident where they harmed themselves. We clarified with the area manager what was a notifiable event or incident. This was an area for improvement and the area manager took action. The area manager notified us of incidents promptly following the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There were shortfalls in people's needs and preferences being fully planned for and care plans were not being consistently followed by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were shortfalls in fully assessing and managing risks for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There were shortfalls in the prompt reporting of allegations of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs There were shortfalls in the monitoring of people's nutrition and hydration.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

There were shortfalls in record keeping for people.