

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

About the service: Safeharbour (254 Hagley Road) is a residential care home that was providing personal care to six people that live with learning disabilities. At the time of the inspection six people lived at the home.

People's experience of using this service:

The service had been developed in line with the values that underpin the 'Registering the right support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

The service had required improvement at the last inspection with medicines management. We found the provider had introduced a new electronic system that had improved how medicines were monitored and audited. This meant people received their medicines on time and in a safe way.

Relatives told us they felt the service was safe. We found the service delivered safe care, risks to people's health and safety were continually assessed to ensure both the home environment and outings in the community were safe. Staff understood how to protect people from risk of harm. There were enough numbers of safely recruited staff. Staff had completed induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection.

The service delivered effective care because staff had the skills and knowledge to meet people's care and health needs. People were supported to access healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way. The service has required improvement where best interest decisions had been taken. This had improved and we found people's legal rights were protected and decisions, where appropriate, had been made in peoples' best interests and recorded appropriately. People's nutritional needs were met.

Staff were kind, caring and had built good relationships with the people receiving care and support. Staff prioritised people's needs constantly. Staff encouraged people's independence, where possible and protected their privacy and treated them with dignity.

People were supported by staff who knew their preferences. Any complaints made since the last inspection had been resolved. Relatives knew who to contact if they had any complaints. We found care was tailored to meet people's varying needs. Activities were varied and person-centred.

The service was well-led. We received positive feedback from staff and the relatives of people living at the home on how the home had improved from the last inspection. Staff were knowledgeable about their roles

and spoke passionately about the people they supported. There had been an improvement from the last inspection with the provider's quality audits systems and notifications had been sent to us as legally required. Audits in place ensured the care provided was innovative and continually improving. Relatives and as much as possible people's views were sought about the quality of the care being provided. Staff felt supported by the management team. Relatives and staff were happy with the way the service was being managed. The service worked well with partner organisations to ensure people's needs were met.

Rating at last inspection:

Requires Improvement (published 09 May 2018).

Why we inspected:

This was a planned inspection.

Follow up:

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well led

Details are in our Well Led findings below.

**Good** ●

# Safeharbour (254 Hagley Road)

## **Detailed findings**

## Background to this inspection

### The inspection:

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

### Inspection team:

This inspection was undertaken by one inspector.

### Service and service type:

Safeharbour (254 Hagley Road) is a care home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

The inspection was unannounced.

### What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about

the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted six relatives by telephone and spoke with five to gather their views on the service being delivered for their family members. We also spoke with the registered manager, two team leaders and four care staff. We used this information to form part of our judgement.

We looked at three people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- One relative told us, "[Person] is definitely safe, [person] tells me carers never leave their side."
- The registered manager and staff were clear of their responsibilities in ensuring people living at the home were kept safe from the risk of harm or abuse. One member of staff said, "Thankfully I've never seen anything to worry me but if I did there is always someone to report concerns to and if they didn't do anything I'd always contact CQC or the local authority without hesitation."
- The provider had an effective system in place to monitor and manage allegations of abuse or harm. We found any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Assessing risk, safety monitoring and management

- Robust person-centred care and risk assessments plans were in place; including guidance for staff to follow as to how to respond to any changes in people's needs in the most effective way.
- Risk assessments were reviewed regularly, and potential risks were anticipated both within the home and outside in the community.
- People living at the home were monitored continually to ensure changes in behaviour were responded to promptly and that staff accommodated any potentially heightened behaviours in a caring and safe manner.
- Environmental risks such as fire and personal safety were acted upon. We found Personal Emergency Evacuation Plans (PEEPS) were up to date detailing ways in which people living at the home could leave the building safely.

Staffing and recruitment

- Staffing levels were set consistent with people's dependency needs to ensure that they were supported safely. One relative told us, "[Person] needs two people all the time and I have never seen them without that support and I've turned up unannounced sometimes."
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. Staff completed an annual self-declaration to confirm their police checks were clear. We discussed with the registered manager the frequency they contacted the Disclosure and Barring Service (DBS) to corroborate staff declarations. This was because some staff members had not had their DBS reviewed for a few years. They agreed they would discuss their recruitment processes with the provider to include at least three yearly checks on staff DBS records. DBS checks helps providers reduce the risk of employing unsuitable staff.

Using medicines safely

- People received their medicines at times that they needed them and in a safe way.
- Medicines were stored securely, and stock balance checks were completed daily to ensure medicine

quantities were accurate.

- Records were accurately completed, although there was one recording error however, this would have been identified at the next stock balance check. Appropriate protocols were in place for medicines required 'as and when' with clear instructions for staff when to administer.

Preventing and controlling infection

- We saw the environment was clean and staff had access to personal protective equipment when required.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to joining the service so they could be planned effectively. People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. A relative told us, "I am absolutely thrilled with the home, they (staff) have worked really hard with [person] and have more than met their daily support needs as they can change so quickly."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. One relative told us, "I am always being asked if I am happy with [person's] care needs, they are reviewed all the time."

Staff support: induction, training, skills and experience

- Staff received a range of training, which ensured they had the skills required to meet people's needs. One relative told us, "The staff are excellent, they totally know how to read [person]."
- New staff received induction training to the service. A staff member said, "The induction was one of the best I've had if I'm honest, I shadowed shifts, read through the policies and watched (training) DVDs which I found insightful." Staff we spoke with told us they felt confident with the training and induction they had received to support people effectively and safely.
- We saw training plans were in place to ensure staff received up to date training and provided staff with additional training aimed at meeting the individual needs of people living at the home.
- Staff told us they received regular supervision to support them in their roles. One staff member told us, "I couldn't ask for better management support they are always checking if I'm alright."

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

- Individualised meal time plans were in place which considered people's food likes and dislikes.
- A range of different food choices were available throughout the day.

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

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One relative told us, "The staff are very quick to let us know if there are any changes in [person's] health."

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

- The building had been maintained and had also been adapted, where appropriate, to meet people's individual needs.

- People's bedrooms were individualised with pictures and personal belongings that reflected the person.

Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals were consulted when required to ensure people's healthcare needs were met.
- Effective systems were in place such as handover meetings, to ensure staff were up to date with people's health and support needs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people living at the home did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, the use of picture cards.
- Staff gained consent before completing any tasks and were clear on their role in supporting the person to make decisions. Staff knew how to recognise facial expressions and body language to determine whether a person consented to their care. One staff member told us, "Most of the residents here can't tell you what they want, so we use different ways of trying to find out what they would like such as pictures cards or showing them different clothes until they point, or they might smile or nod."
- Staff had a good understanding of the MCA and the registered manager had a system in place to monitor DoLS authorisations to ensure the person's liberty was not unlawfully deprived.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided exceptional care and support ensuring they met people's diverse support needs and requirements. People's care was centred on achieving the best possible life for them. One relative said, "The staff are passionate about the people, they (staff) take the time to learn about the person, their condition and life history, brilliant."
- Staff we spoke with knew people living at the home very well and used different methods to communicate with them along with several different strategies to help overcome a range of issues. This had had a positive impact on peoples' life. For example, encouraging one person who had difficulty eating independently, now used cutlery to support themselves to eat.
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I think it's (the role) amazing and I really do love working here."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

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

- As far as possible people living at the home, made choices about their everyday life such as when they wanted to get up and the clothes they wore.
- As most of the people were unable to verbally communicate their choices, or wishes staff used a variety of methods to understand their views. For example, body language and picture cards.
- Relative felt consulted about their family member's needs; explaining the provider and staff were good at sharing information about their family member's care and, how they supported them to express their wishes along with challenges they had overcome

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were promoted, and all aspects of care were carried out in ways that met people's individual preferences.
- People's independence was continually promoted as the registered manager and staff had worked extensively to ensure as far as possible people had some control over their daily life. People had opportunities on a regular basis to help in the kitchen area and sensory items were available for them to explore. One relative told us, "[Person] has come on in leaps and bounds, getting the 2:1 staff support has helped in learning to carry their washing, taking their shoes off and put them away and it's down to the patience of the staff helping [person] to learn."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- People living at the home had varying ways of expressing their needs. Staff were able to explain people's individual signals, gestures and body language to anticipate their needs as well as distracting when needed. This enabled them to maximise the involvement people had in all areas of their day to day life.
- Staff were able to tell us about how they worked with people to reduce any anxieties they might have.
- There was a strong emphasis on the provision of activities that were meaningful to the people living in the home. Relatives told us they were happy with how their family members spent their time. One relative told us, "They (staff) give [person] lots of opportunities to do things, the encouragement is just about right."
- Staff continually looked for activities to support people to have new opportunities, experiences and gaining new skills. For example, a visiting animal charity visited the home with a view for one person to visit the centre and help look after animals on a regular basis.
- People were supported in ways that were person-centred and tailored specifically to their needs. Triggers had been identified that might cause anxiety for people and measures were in place and followed by staff to ensure positive outcomes for people.
- Regular opportunities occurred to involve family members in people's care.
- Communication systems were effective and ensured staff had up to date and clear information about any changes in people's needs including any behaviour patterns.
- The garden area was safe and secure. A sensory room was also available which provided additional sensory stimulation.
- Care records were detailed, and information was available to staff to ensure people received a good standard of care that was personalised to them. For example, staff went the extra mile to support the person to have a fulfilling life.
- Information had also been developed about people's health needs and person-centred documents were in place so that healthcare professional's staff would be aware of people's needs. For example, a hospital 'passport' should any person need to be admitted to hospital their care and support needs were clearly documented.
- Staff and the registered manager were aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a consistent, specific approach to identify, record, flag share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way that they can understand to enable them to communicate effectively.
- Information was provided in accessible formats such as pictures to enable people to understand and make choices.

Improving care quality in response to complaints or concerns

- People living at the home would be unable to say if they had any issues or concerns. However, staff knew people extremely well and were able to tell us signs that would indicate if a person was unhappy.
- Relatives we spoke with knew what to do if they had any concerns about the service provided. One relative told us, "I'm not unhappy with the place and if I did have concerns I could call anyone."
- The provider had a complaints policy in place, any complaints or concerns we were told by relatives had been 'dealt with appropriately'. A process was in place to monitor patterns or trends.

#### End of life care and support

- End of life care was not provided at the time of our inspection.
- The provider had processes in place to support people should they require end of life care and support.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and relatives, we spoke with told us there had been an improvement with the service since the last inspection. One relative said, "We've had our issues, but things have improved in the last couple of years."
- Staff we spoke with told us the registered manager was supportive and led by example to demonstrate their expectations about how people should be cared for. One staff member told us, "[Registered manager] always has an open door, you can go to them anytime. If we need any of the management, there is always someone on call."

- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager and the management team had an improved oversight of the service and had also improved systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents that occurred and identify patterns or trends.
- People's experience of care and support while living at the home were the focus of the providers quality assurance activities. Checks and audits were completed regularly in all aspects of service delivery.
- It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.
- Staff were supported to understand their roles through regular supervision and meetings.
- There was a clear management structure in place and staff were aware of who to report any concerns to. For example, staff were aware of the provider's whistle blowing policy. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff engaged regularly with people's relatives through visits, meetings and reviews. Feedback was used to plan activities and make improvements within the service. One relative told us, "I've have suggested activities for [person] that they might like to do, and the staff do listen."

- Regular staff meetings have occurred and discussed the aims and goals of the service.
- Staff were mindful how they communicated with people. This meant they communicated in a way people would understand.
- The culture within the home reflected the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

#### Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to driving improvements and was eager to learn and understand areas they could develop the service.
- The provider and registered manager ensured staff had the skills and knowledge to support people's care and social needs by ensuring regular training and checks were completed.

#### Working in partnership with others

- The registered manager and staff worked in partnership with the people's relatives, hospital consultants, social workers and other health and social care professionals to ensure the care and support people received was person-centred. This was confirmed by relatives spoken with and our observations.