

Safeharbour West Midlands Limited

Safeharbour (260 Hagley Road)

Inspection report

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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 14 November 2016 and was unannounced. 260 Safeharbour is registered to provide accommodation with personal care to six people with a learning disability, and autistic spectrum disorder. At the time of our inspection four 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 November 2015 we found that the provider was meeting the regulations of the Health and Social Care Act 2008. However some improvements were needed which we found had been made at this inspection.

Relatives we spoke with told us they thought their family members were safe and protected from harm by the staff and the systems that were in place. Staff were aware of their responsibilities to report any concerns about people's safety, and they confirmed they had received training in relation to safeguarding people from abuse. People were supported by sufficient staff in accordance with the requirements of the funding authority. We found that people received their medicines safely. We identified some areas where improvements could be made to the medicine procedures in place. The registered manager took action to address these at the time of our visit.

A training programme was in place which ensured staff had the necessary skills and knowledge for their role. Workshops were provided to staff to discuss strategies staff used to support people. Staff told us they received support that enabled them to deliver care safely.

Staff sought people's consent before providing support. Where people were unable to consent to their care because they did not have the mental capacity to do this, decisions were made in their best interests. Staff knew which people had their liberty restricted to keep them safe, but they were unsure about any conditions attached to the authorisations in place.

People were treated with kindness, and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health or well-being. People were supported to eat and drink in accordance with their preferences and dietary requirements.

There was a complaints policy in place and staff were aware of the signs to look out for which may indicate people were unhappy. Records showed how complaints had been responded to and the actions taken. Relatives we spoke with all knew how to raise any concerns they may have, and they had confidence that any issues would be addressed.

Relatives and staff told us the service was managed well and in people's best interests. Systems were in place to gain feedback from these people 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 the risk of harm by staff that had been trained to recognise and report concerns.

Potential risks to people's well-being were well managed.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good 

The service was effective.

Staff received the training they needed to ensure they had the skills and knowledge for their role.

Staff sought people's consent before providing support.

Staff ensured people had access to sufficient food and drink, and they monitored people's healthcare needs.

Is the service caring?

Good 

The service was caring.

Staff was described as caring, compassionate and respectful by relatives.

Staff told us how they maintained people's dignity, privacy and independence.

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

Is the service responsive?

Good 

The service was responsive.

Relatives were consulted about the support that was provided to their family member.

Staff had information on how to support people and meet their needs.

People were supported to follow their own recreational interests.

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

Is the service well-led?

Good ●

The service was well led.

Staff told us they were supported by the management team who promoted an open and transparent service.

Staff understood their roles and responsibilities.

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

Safeharbour (260 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 14 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 all four people who lived at the home. People were not able to share their experiences with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the way people were supported at different periods during the day to capture their responses both verbal and from their facial expressions and gestures. We also spoke with four relatives on the telephone, four senior staff, two support staff, the house keeper, the team leader and the registered manager. We looked at the care records for two people. We looked at the way people's medicines were managed for two people; two 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.

Is the service safe?

Our findings

At our last inspection we found that concerns were raised about the medicine practices in the home. This was because medicine records were not completed as required, a medicine had expired and audits undertaken had not identified the shortfalls. Staff competency to administer medicines had also not been undertaken on a regular basis. We found that improvements had been made to the medicines practices in the home.

Relatives we spoke with told us they did not have any concerns about the way their family member received their medicines. One relative said, "My family member receives their medicine as prescribed by the doctor I have no concerns". Another relative told us, "All the medication has been explained to me. I have seen my family member take it, he likes it".

Records showed that Medicine Administration Records (MAR) were completed by staff showing that people had received their medicines as prescribed. All medicines were in date and a system had been implemented to monitor the expiry dates of medicines to ensure a new supply was ordered before they expired. All handwritten medicine instructions had been countersigned by two people to validate the instructions. 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 the balances recorded for two medicines. We found on both occasions this was due to a recording issue and the medicine records were amended. The registered manager agreed to add further checks to the daily and weekly audits to prevent this happening again. We saw that a system was not in place to check the number of tablets contained in all of the bottles stored in the home. The registered manager gave us assurances that this would be addressed to ensure all medicines were accounted for as part of the audits that were undertaken.

We found that some people received medicines "as required" and protocols were in place to guide 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. Staff confirmed they had received medicine training and had been observed to demonstrate they followed safe practices and were competent. Records we saw confirmed that staff were now observed on an annual basis.

Relatives we spoke with told us they did not have any concerns about the safety of their family member. One relative said, "I feel my family member is safe there. We get honesty and regular contact with staff, which gives me confidence with the staff". Another relative told us, "I have no concerns about the safety of my family member. If I had any concerns I would raise these immediately".

We saw that people appeared relaxed and comfortable in staff member's presence. People appeared calm and content in their environment. Staff we spoke with knew what action to take if they had any concerns about people's safety. One staff member said, "I know what action to take if I was to witness any abusive practices, I would report it straight away. I think people are safe here. I have had safeguarding training and I know the external agencies I could go to if needed". All of the staff we spoke with confirmed they had received training in relation to safeguarding adults from abuse and they felt confident action would be taken

in response to any concerns that were raised. The registered manager was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

Relatives we spoke with told us they had no concerns about how their family members were supported and how risks to their health and well-being were managed. One relative said, "I know the manager and staff have completed various risk assessments to ensure any risks are identified and reduced where possible".

Records showed that risk assessments had been completed in accordance with the needs of people. For example we saw risk assessments in relation to people's medical conditions, accessing activities, and in relation to supporting people with behaviours that can challenge. The risk assessments included the action to be taken to minimise the risk, and included information for the staff to follow to enable them to support people with their behaviours. 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 told us about the signs people presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us how they supported people using their training and following the agreed strategies to divert people whose behaviour was escalating. This showed there was a person centred approach to people's individual behaviour and safety needs. We saw these records had been kept under review and were updated annually or when people's needs or circumstances had changed. Staff confirmed they were informed of any changes in a timely manner by the seniors or the registered manager.

Records showed that any risks within the environment had been identified and managed so that people were able to move about in an environment that was safe and met their needs. Staff we spoke with had a good knowledge of risks associated with supporting people and how to manage these. One staff member told us, "We have detailed risk assessments in place for all the people that live here, it is crucial we work in accordance with these to ensure we support people safely and to reduce any risk of harm". Staff we spoke with also demonstrated their knowledge of how to respond to any emergencies or untoward events such as if someone became ill or had an accident.

The provider information told us that the service had a robust recruitment procedure in place. We spoke with a newly employed staff member who told us, "I completed all of my checks before I started working here. This included references and a police check amongst other information".

We looked at the staff recruitment files for two newly employed staff. We found that both staff member's application forms contained small gaps in their employment. A full employment history is required to enable a decision to be made about a staff member's suitability to work with people. This information was obtained and their records updated at the time of our inspection. The registered manager advised that changes would be made to the application form and interview questions to ensure an applicant's full work history was scrutinised. Records showed that all other employment checks had been undertaken before the staff members had commenced employment.

Relatives we spoke with had no concerns about the staffing levels provided at the home. One relative said, "I think there is enough staff to support our family member's needs. We've been very happy since our family member moved into the home". Another relative told us, "Due to the support needs of our family member they are supported by staff at all times. This is to keep them safe, so I am happy with this and I am not aware of any occasion when they have not been provided with the staffing they need". We saw that sufficient staffing was provided to meet people's needs. When people were supported to go out in the community we saw that they received additional staffing support if this was needed.

Is the service effective?

Our findings

Relatives we spoke with told us the service was effective in meeting people's needs. One relative said, "The staff meet my families member's needs very well, they appear to have the skills and knowledge for their role". Another relative told us, "I have got confidence in my family member living there. I can rely on staff to do their best". Our observations showed us that the support and assistance provided to people was effective in meeting their needs. We saw staff supported people to live their lives in accordance with their preferences.

Staff spoken with told us they were supported to deliver effective care to people. Staff that had recently started working at the home confirmed they had received an induction. One staff member said, "I have worked in care before and I have had a good induction which included shadowing experienced staff and reading care records. This gave me confidence and an opportunity to get to know people's support needs before I worked with them. I have also completed training including the Care Certificate induction". The Care certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to deliver effective care. Discussions with other staff members demonstrated they had received training for their role and refresher training to ensure their skills and knowledge were updated. One staff member told us, "I am up to date with my training and we do get regular refresher training. We have good training opportunities, in key areas applicable to our roles". Records showed that staff had received training relevant for their role. Where this had expired, refresher training was being arranged.

Staff also told us about the workshops that were held to discuss individual's needs and the strategies staff used to support them. The purpose of these was to ensure all staff were providing consistent support to people and to discuss the methods they used to ensure positive outcomes for people. Staff also discussed what approaches could be improved upon to support people with behaviours that could be challenging.

Staff we spoke with told us they felt supported in their role. One staff member told us, "I feel supported in my role and there is always someone available for advice. I have supervision where we discuss my performance and I am able to discuss any areas I need to. We work well as a team here and the communication is good". The provider information told us that not all of the staff had received an appraisal, and this was an area they intended to improve upon in the forthcoming months. An appraisal is where staff members overall performance is discussed and personal development plans are devised.

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 DoLS authorisations were in place for people. Records showed

that two people had conditions on their authorisation and we found that these were being met.

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. However staff were unsure if there were any conditions on people's authorisations. This meant that staff would not be aware of what actions they needed to take to reduce the impact of the deprivation so that their care was delivered in the least restrictive way possible. We discussed this with the registered manager who confirmed that this would be addressed and this information would be shared with staff. The registered manager also told us that she would arrange for staff to attend a workshop to enable staff to have a better understanding of the MCA and DoLS and how it impacted on the people they supported.

Discussions with staff demonstrated they understood the need to ask people's consent, and they were able to explain how they obtained consent to provide support on a daily basis. One staff member said, "I always explain my actions to people and ask them if it is okay to support them. Some people are not able to communicate verbally but we can tell from their facial expressions and their body language if they are okay with the support I will be providing. We do give some people choices if this is in line with their support plan and if they can manage these". We heard staff asking people's consent before providing support, and explaining their actions or the tasks that were to be completed. We also observed staff providing people with choices where this was possible.

The registered manager was able to tell us which relatives had Lasting Powers of Attorney (LPA) over their family member's financial affairs or in relation to health and welfare. LPA is where a relative or representative has been legally appointed to make decisions on behalf of a person who lacked capacity to make certain decisions for themselves. The registered manager had a good understanding about the legalities of these documents, and she confirmed that she had seen and had copies of these placed on people's files. Relatives told us they were consulted about the care provided to their family member. They also confirmed their involvement when applications were made to deprive people of their liberty in their best interests.

Relatives we spoke with told us they had no concerns about the way people were supported to eat and drink. One relative said, "My family member eats the food they like and enjoy, and as far as I am aware they have enough to drink, I have no concerns about this". Another relative told us, "Our family member has put on weight, they enjoy their food". We saw that menus were in place and staff advised that these had been devised based on people's preferences and dietary requirements. Staff advised us that people accessed the kitchen to make drinks and they assisted staff with meal preparation if they chose to. We did not observe any people using the kitchen to make drinks during our visit. Staff understood people's dietary needs and their preferences. We saw that pictorial signs were used to assist people to make choices about their meals. Recommendations from the dietician and speech and language therapist were included in people's care records, and we found that staff followed these to ensure people had their meals and drinks in a way they could manage.

Relatives we spoke with told us their family member's healthcare needs were met. One relative said, "The staff arrange all the appointments and these include all the routine check-ups such as dentist and opticians. They also arrange for other appointments such as well persons reviews, medicine and behaviour reviews. The staff let us know when the appointments are and they provide us with feedback". Records showed that a variety of health professionals were involved with people's health needs and referrals to specialist health care were completed when needed. Records showed that information following any appointments was recorded so it was clear what the outcome was and any actions that were needed to maintain someone's

health. Staff we spoke with had a good knowledge of people's health issues and could describe how they supported people with these.

Is the service caring?

Our findings

Relatives we spoke with make positive comments about the staff that supported their loved ones. One relative said, "The staff are really good, kind and caring and they have a good positive relationship with my family member". Another relative told us, "The staff have a good attitude. Our family member looks happy and is dressed well when we visit. The staff do a pretty good job".

People appeared to be happy and comfortable in the presence of staff. We saw people being supported by staff in their rooms, and before and after they went out. We saw people smiling at staff when they were sharing a joke, and some people were tactile with them. For example having a hug, or stroking their face. We saw that people were responsive to staff and knew the staff that were supporting them.

Staff we spoke with consistently spoke about and referred to people in a caring, and respectful way. We saw staff showed kindness and compassion in their interactions with people. Staff encouraged and involved people to make decisions wherever possible. Staff we spoke with knew people well and this was demonstrated through the interactions we observed.

We saw that people had their own specific ways of communicating. For example staff used pictorial cards to communicate with people that did not communicate verbally. Another person used their own form of Makaton which staff was familiar with so they were able to understand what the person wanted. We saw that staff knew how to communicate with each person and this was in accordance with the information provided in people's care records.

Staff told us how they maintained people's privacy and dignity. One staff member said, "Where possible some people have some private time in their room on their own, and when they use the toilet we stand outside. If I am supporting someone with personal care I always make sure the doors are closed and the person is covered. I always knock before entering a person's room".

Relatives told us how staff supported people to maintain relationships with them. One relative said, "There is good communication from the staff so they keep us up to date with how our family member is doing. When it was their birthday we had a small birthday party at the home with just the family and staff. We took the birthday cake and the staff sorted out all of the other food. It was really nice to be part of this". Another relative told us, "The staff keep us informed which helps us maintain a relationship with our family member who we do see and visit regularly and they come home for visits too". Staff we spoke with told us how as part of their keyworker roles they contacted relatives to give regular updates about people's well-being and the activities they have undertaken.

We saw that people were encouraged and supported to be independent in areas of their life. For example, people were supported to clean their rooms and take their laundry down to the washing machine. We saw one person being encouraged to lay the tables ready for the evening meal. Relatives we spoke with also confirmed this and one relative said, "We are pleased that our family member is encouraged to complete household tasks for themselves as this is important that they gain these skills rather than having these tasks

done for them". Staff also told us about how people are encouraged to dress themselves and to take their crockery back to the kitchen.

We found that information about advocacy services was displayed in the service. The registered manager confirmed that people had used advocacy service previously but no-one was currently using the service. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Is the service responsive?

Our findings

Relatives we spoke with told us the staff were responsive to people's needs. They also confirmed to us their involvement in the assessment and care planning process. One relative told us, "We are very involved in the care of our family member. We were consulted when the assessment was completed and when the care plan was developed. We are also invited and attend the reviews. I feel staff listen to us and take into account our thoughts about the care our family member needs. We all work together". Another relative said, "We have been involved and we are invited to all meetings, I've attended every one. I feel I can speak up at the meetings".

We saw that people received consistent care and support that was responsive to their individual needs. Support plans were in place which were detailed and tailored to the support needs of the person. These provided staff with information about people's complex needs and conditions, and provided staff with guidance and direction on how to support people. People had keyworkers who reviewed their support needs, behavioural plans and medical needs on a monthly basis. We saw that people's support plans were updated when people's needs changed.

Relatives told us they were happy with the activities and stimulation provided to people. One relative told us, "Staff support our family member to participate in meaningful activities. We are happy with the level of activities they participate in and can confirm these are suitable to their needs and preferences". Another relative said, "Our family member leads a very full life. They have a better social life than I have. They go swimming and they have been on holiday this year. They are also going to a show in the next few weeks. Their bedroom is nice and has all their favourite personal things in". We saw activities were focused on each individual's preferences, and each person had a detailed weekly timetable. We heard that arrangements were being made for a person to access voluntary work at a place they enjoyed visiting. We saw that people had access to a sensory room within the home, which staff advised us was used on a daily basis and people enjoyed this relaxing environment.

Relatives we spoke with all knew about the complaints procedure and told us what action they would take if they had any concerns. One relative said, "I've never had any complaints. Our family member always seems happy with his carers". Another relative told us, "I have no complaints but if I did I would speak with the registered manager who I am confident would sort out any issues I had". The provider information told us that the service had received some complaints since our last visit. We saw that these had been recorded and responded to appropriately.

Staff we spoke with told us about the signs that would indicate that people were expressing they were unhappy about something. For example from their body language and their facial gestures. Staff told us they would report this and try to find out why the person was unhappy. The registered manager also told us how they often observed people interacting with staff and that she looked for signs to indicate if people were happy in the service.

Is the service well-led?

Our findings

At our last inspection we found that improvements were required as the registered manager and provider did not routinely complete and monitor the audits that were undertaken in the home. Improvements were also required in updating the fire risk assessment and a number of certificates were not available. We found that improvements had been made and most of the certificates that we requested were provided. This included electric wiring and gas checks. The registered manager was unable to locate the certificate for the fire panel but this was emailed to us the day after our inspection as it was filed in the incorrect place. The fire risk assessment had been reviewed and the registered manager advised that this would be completed annually. Each person had an emergency evacuation plan completed and this was located in a 'grab folder' which could be easily accessed in the case of an emergency.

The provider information told us that monthly audits were completed which covered all key areas including records, medicines, and the environment. Records we saw confirmed this. We also saw records which confirmed the provider now completed regular audits and provided a report 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 received positive comments from relatives about the registered manager and the service. One relative said, "I know the manager, I see her and can talk to her at any time. She's lovely; I think the service is brilliant". Another relative told us, "The manager is very approachable, and heavily invested in the service, she is committed to ensuring the service is managed in people's best interests. We work in partnership to ensure my family member's needs are met".

We observed that people knew who the registered manager was as they came into the office to see her. We saw that people felt comfortable in her presence. We saw that the registered manager knew how to communicate with each person. Discussions with the registered manager demonstrated that she knew people well and knew about their specific needs.

Staff told us the registered manager supported them in their work and provided advice and direction when this was needed. A staff member told us, "The registered manager and team leader are supportive. The manager is open and transparent in the way she works and manages the service. Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs. A staff member said, "We do have regular meetings where we discuss the strategies we use and people's needs amongst other things related to the service we provide. I feel able to share ideas and feel listened to". Records showed these meetings had been held regularly throughout the year.

Discussions with the registered manager demonstrated that she had a good oversight of the service and areas for improvement such as working towards ensuring staff received their appraisals and ensuring the medicines systems were safe. We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by a team leader and a team of senior staff and they all monitored the support that was provided to people. Staff demonstrated that they understood their roles

and responsibilities and told us they enjoyed working at this service.

We saw that quality assurance surveys had been sent out in January 2016 to obtain relatives, and professional's feedback. We looked at the results of the recent survey that had been undertaken. Records showed that positive feedback had been received. Comments included, "We as a family are very happy and delighted that [person's name] receives the care from all at Safeharbour, they are well loved and all their needs are being met at all times, its their home!", and "We have always found the staff to be caring and considerate".

Staff we spoke with were familiar with the provider's whistleblowing policy and they were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I would report any issues I had if I had any concerns about people's safety".

We found that the registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law. 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 November 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.