Safe Harbour Homecare Limited

Safe Harbour Home Care (Petersfield)

Inspection report

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Tel: 01730239718

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 01 March 2017 and was announced to ensure people and staff we needed to speak with were available. Safe Harbour Home Care (Petersfield) is registered to provide personal care to people living in their own homes who experience dementia and to older people. They also provide a service to people with a learning disability or who are on the autistic spectrum, people with mental health issues, people who misuse drugs and alcohol, people with a physical disability or those experiencing a sensory impairment. At the time of the inspection there were 18 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the care of staff. Processes were in place to safeguard people from the risk of abuse. Staff had undergone relevant training and understood their role and responsibility to safeguard people.

Risk assessments had been completed for people and measures were in place to manage any identified risks identified to them. Staff had undertaken relevant training to ensure people were supported with their care safely. People were supported to take positive risks which allowed them to retain their independence skills but to also remain safe whilst doing so.

People and their relatives informed us care was provided at their preferred time by regular care staff. The provider carried out appropriate recruitment checks to ensure staffs' suitability for their role.

Staff underwent appropriate training and monitoring to ensure they remained competent at administering people's medicines. Staff received clear guidance about people's medicines administration.

Staff underwent an induction to their role. They undertook a range of relevant training and were supported to undertake professional qualifications. Staff underwent regular spot checks upon their work with people and supervisions to support them and ensure their work with people was of the required standard.

People informed us staff sought their consent for their care. Staff had either undertaken Mental Capacity Act training or were booked to attend this training. Staff had access to guidance in the event they needed to assess a person's mental capacity in relation to the making of a specific decision.

People told us staff supported them with their meals and drinks where required. People's records provided staff with clear guidance in relation to the support they needed and their food and drink preferences. Staff ensured people's health care needs were met.

All people told us staff were very caring. People said they had formed very positive relationships with the staff. Staff understood how to develop relationships with people over time.

People told us staff listened to them and that they followed their wishes. Staff adapted their methods for involving people in their care depending on the person's needs. Staff went out of their way to support people, for example, by supporting people where required in their dealings with other agencies.

People told us their privacy and dignity was upheld well by staff; this was monitored through spot checks on staffs' practice.

Relevant staff had received end of life care training to equip them with the skills and knowledge to be able to support people and their families when providing end of life care.

People told us their care needs were assessed and regularly reviewed with them and any adjustments made as a result of their feedback. People's care was personalised to meet their care needs. People's independence was promoted in the provision of their care. Staff listened to people's feedback about their care and made any required adjustments in response. There was a complaints process to enable people to make a formal complaint if needed.

The provider's aims and objectives were 'To provide high quality domiciliary care and support to enable people to remain in their own homes.' The provision of peoples' care was based on a clear set of values which were embedded throughout the service. People were cared for by staff who worked in a positive and open service where they were validated, supported and encouraged to raise any concerns about people.

People and staff reported the service was well–led with visible, supportive and accessible management.

The provider used a range of methods to monitor the quality of the service people received. These included seeking people's feedback on the service during their review of care and auditing processes within the service.

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.

There were systems in place to ensure people were safeguarded from the risk of abuse.

Risks to people had been identified and managed safely whilst recognising people's rights to take risks where they wished to.

There were sufficient numbers of suitable staff deployed to meet people's care needs. The provider carried out appropriate recruitment checks to ensure staff's suitability for their role.

People's medicines were managed safely by appropriately trained staff.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and support to meet people's needs effectively.

People's consent had been sought for their care and staff understood their responsibilities when people lacked the capacity to consent to their care.

People received appropriate support to ensure they ate and drank sufficient for their needs.

Staff ensured people's health care needs were met.

Is the service caring?

Good

The service was caring.

People experienced positive and caring relationships with the staff whom provided their care.

People were supported by staff to express their views and to be actively involved in decisions about their care.

Staff ensured they upheld people's privacy and dignity during the provision of their care.

Relevant staff had received end of life care training to equip them with the skills and knowledge to enable them to support people and their families when providing end of life care.

Is the service responsive?

Good

The service was responsive.

People told us their care needs were assessed and regularly reviewed with them and any adjustments made as a result of their feedback. People's care was personalised to meet their care needs.

Staff listened to people's feedback about their care. There was a complaints process to enable people to make a formal complaint if needed.

Is the service well-led?

Good

The service was well led.

The provider and registered manager promoted a positive and open culture where the delivery of people's care was based on clear values.

The service was well–led, there was visible, supportive and accessible management at all levels of the service.

The provider used a range of methods to monitor the quality of the service people received in order to improve the service provided.

Safe Harbour Home Care (Petersfield)

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 checked 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.

The inspection took place on 01 March 2017 and was announced. The inspection was completed by one inspector.

We did not request a Provider Information Return (PIR) prior to our inspection. 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, instead we obtained this information at the inspection. Before the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with five people and one relative. We spoke with three care staff, the care co-ordinator, the registered manager and the provider. Following the inspection we spoke with the provider's external trainer.

We reviewed records which included three people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

This service had not previously been inspected.

Good

Is the service safe?

Our findings

People said they felt safe whilst receiving care from staff. Staff had completed safeguarding training and were able to demonstrate their understanding of the safeguarding process and their role and responsibility to protect people from the risk of abuse. Staff had access to relevant safeguarding guidance which they had been required to read. No safeguarding concerns had been identified but the registered manager, who was the safeguarding lead for the service, understood their role and responsibility to report any safeguarding incidents for people.

Staff were required to wear a uniform when carrying out people's care calls and to carry their identification badge, to ensure people could identify them. People received a weekly copy of their roster providing details of the date and time of their call and the staff member who would be providing their care. A person told us "Staff wear a uniform and I know who is coming." These measures ensured people knew which staff were due to call upon them.

People's care plans provided staff with clear guidance about how to gain access to people's accommodation to ensure people's safety, for example, when they used a key safe. A person told us "Staff use the key safe safely." Measures were in place to ensure people's personal security.

People's care plans identified any known risks to people and the measures in place to manage them. For example, there was guidance for staff to check people's skin integrity and relevant equipment was in place to manage the risk of people developing pressure ulcers.

People's moving and handling needs had been assessed and where risks had been identified staff had alerted relevant professionals to ensure the correct equipment was in place to support people safely. A person told us "I feel safe when staff hoist me. Staff have received good training in how to use the hoist." Records confirmed staff had received training from an occupational therapist to ensure they could meet people's moving and transferring needs safely. If people used a lifeline pendant to alert services if they fell, there was guidance for staff to ensure the person was wearing it before they left them. Risks to people associated with moving and transferring had been assessed and managed safely.

The provider told us people had the right to take positive risks, with regards how they wanted to live their lives. They gave an example of where a person living with dementia was being supported by staff to remain at home as per their wishes, which records confirmed. People were supported to take positive risks.

Staff and a relative told us they had contact numbers in an emergency. There was an on-call senior member of staff if people, their representatives or staff required assistance out of hours. There was a contingency plan in place to ensure any staff absences through sickness could be covered. Arrangements were in place to manage unforeseen circumstances for people safely.

People and their relatives told us their care was provided at their preferred time by regular care staff. A person commented "I have the same staff." A person who required two staff to meet their care needs told us

"There are always two carers."

People's care plans provided clear guidance about the number of visits they were to receive, the timing of visits, their duration and the number of staff required. People's staffing rosters reflected their needs in relation to their care calls.

The service was still relatively new and the registered manager told us "I want to build the service safely." They did not take on packages of care for people without having sufficient staff in place.
Staff monitored whether people's needs could be met in the time commissioned. Where people's care was funded by social services or a clinical commissioning group staff had requested a review where required to ensure there was adequate time to provide the person's care safely. The provider ensured there were sufficient staff and time allocated to provide people's care safely.

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of: three references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Three of the four staff records reviewed contained photographic proof of the staff member's identity, but one did not. We brought this to the attention of the registered manager who took immediate action and this evidence was provided following the inspection to ensure this staff member's records demonstrated they were who they said they were. There was a written record of staff interviews to demonstrate what areas had been discussed with the applicant at the interview by the provider when assessing their appropriateness for the role. The provider carried out appropriate recruitment checks to ensure staff member's suitability for their role.

Staff told us they had undertaken medicines training and had their competence to administer people's medicines assessed, which records confirmed. When staff had spot checks of their practice, further checks were made on their skills in administering peoples' medicines. Staff underwent appropriate training and monitoring to ensure they remained competent at administering people's medicines.

People's care records clearly documented the arrangements for administering their medicines. For example, whether the person or their representative administered them or staff. People's care plans provided staff with clear guidance in relation to the application of any topical creams for people. Staff had access to a medicines information file where they could locate information about the medicines people were prescribed if needed. Staff received clear guidance about people's medicines administration.

A person told us that staff assisted them to take their medicines and ensured that all medicines were recorded. People's medicines were documented on a printed medicine administration record (MAR). These were returned to the office by care staff on a monthly basis where they were checked by the care co-coordinator before being audited by the registered manager. The MAR sheets we checked were all correctly completed to ensure there was an accurate record of the medicines that had been administered to people.

Good

Is the service effective?

Our findings

People told us they felt staff were skilled at their role. A person told us "Staff are skilled and professional" and a relative commented "Staff know what they are doing."

Staff told us they had undertaken an induction to their role, which had involved shadowing other experienced staff, training and familiarising themselves with the provider's polices. The registered manager told us that when new staff joined the service the amount of time spent shadowing varied according to their previous experience and learning needs. As part of their induction staff underwent a competency assessment to ensure they had the necessary skills and knowledge to undertake their role.

The registered manager told us all staff had recently been asked to complete the Care Certificate. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Although, all of the staff employed were experienced, the registered manager told us they wanted staff to undertake this training as a 'refresher'. The provider required all staff to undertake the current industry standard induction to ensure their knowledge was up to date for people.

Staff were required to undertake a range of on-going face to face training in order to ensure they had the necessary knowledge and skills to undertake their role. The provider told us the advantage of face to face training was that the registered manager met with the trainer prior to the training to discuss whether any particular issues which needed to be incorporated. We spoke with the trainer who commented "The carers are very receptive to training." They told us how staff got very involved, bringing questions and scenarios for discussion. Records showed some staff still needed to complete some of the provider's training such as infection control, first aid, food hygiene and health and safety. The registered manager told us dates for this training were in the process of being booked and these were provided immediately following the inspection. Twelve of the 15 care staff had completed or were in the process of completing a professional qualification in social care. Staff were supported to update their knowledge and with their professional development.

Staff told us and records confirmed they received regular supervision in the form of one to one meetings and observations of their practice. This enabled staff to reflect upon their practice in the provision of people's care and to discuss any issues for people.

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

People told us staff sought their consent for their care. A person commented "Staff seek my permission" and another said "They always check if I am ready and happy."

Staff told us they had undertaken MCA training and were able to demonstrate how it applied to their work

with people. For example, a staff member told us if they were working with a person who struggled to make decisions about what to wear for example, then they would show the person a couple of suitable outfits for the weather from which to make their choice. Records showed all of the staff had either undertaken MCA training or were booked to attend this training.
The registered manager told us that everyone currently receiving care had the mental capacity to be able to consent to their care. Staff had access to MCA guidance and a form to enable them to assess people's capacity to make specific decisions where required. People had signed their care plans, which demonstrated people's agreement to the care provided.

People told us staff supported them with their meals and drinks where required. A person said "They do me a sandwich for lunch. They always ask me what I want to eat" and "They always ensure I have drinks to hand."

Staff told us they supported people to ensure they received enough to eat and drink. They told us people's food preferences were documented in their care plan, which records confirmed and that they always asked people what they wanted in case they had changed their mind. There was clear guidance for staff about when they needed to ensure people were left with food and drink within reach. Staff told us they always documented what people had eaten and drunk. This was to ensure the next visiting care staff member was aware, so positive action could be taken to encourage the person to have more food and drink if needed, which records confirmed. The registered manager told us that they and one of the field care supervisors had recently attended a nutrition and hydration course to further develop their knowledge in this area. People were supported by staff to ensure they received sufficient food and drink for their needs.

Staff told us that if they had any concerns about a person's health they reported this to the office for the appropriate action to be taken. A relative told us staff always let them know if they needed to call the GP for their loved one. Records showed staff had liaised with social workers, nurses, GP's, occupational therapists and hospital staff for people. The registered manager told us they also liaised with the pharmacist for people where required.

Good

Is the service caring?

Our findings

All people told us staff were very caring; one person commented "They are very caring. It's like having my own family," and "They give me a hug at the end of the visit which I find comforting." Staff spoke warmly and affectionately about people, it was clear that they cared about them.

The provider told us people were matched with care staff rather than just allocating people according to staff's availability as "We know certain staff will gel with people."

People said they had formed very positive relationships with the staff. One told us "I was a bit wary at first, but they put you at your ease straight away." Another commented "Staff have a good chat with me. They know more about my life than I do. They are professional friends." A relative told us staff showed an interest in their welfare as well as that of the person receiving the care. They said that their loved one "Looks forward to staff coming" and that "They interact all the time."

Staff told us that when meeting new people they always respected the fact they were in the person's home. They said it was important not to rush people, to spend time having a chat with them and getting to know the person. One member of staff told us "If people haven't had care before, you have to respect that they may need up to three visits to build enough trust with you to deliver their care." They told us they went "Slowly and surely," and that they took their lead from the person. Staff said the care plan provided information about the person's background to provide them with a starting point for conversations, which records confirmed. Staff understood how to develop relationships with people over time.

Staff told us they always asked people what their wishes were with regards to their care. A person told us about staff "They listen to what you say" and "They follow my wishes."

People's care plans documented that it was important to people to make as many choices as possible for themselves. This provided staff with explicit guidance to involve people in decisions. People's records informed staff of which aspects of people's care they could direct staff such as their personal care and meals. Staff told us they spoke to people and asked them how they would like the care to be provided. One member of staff said "We are constantly giving people choices."

People's care plans documented their communication needs. A person's care plan stated 'I have dementia and need clear and concise instructions to enable me to understand what is required.' Staff had access to guidance about peoples' individual communication needs.

Staff adapted their methods for involving people in their care depending on the person's needs. A staff member told us how they supported a person living with dementia to choose their lunch. They explained how they took the person into the kitchen with them, explaining it was time for lunch and then opened the cupboards so the person could see for themselves what they had available. This prompted the person and enabled them to be involved in making this decision.

There was written evidence that where people required support to represent them in their dealings with agencies such as social services and the local council; staff had provided people with practical and emotional support. People trusted staff and some wanted staff support rather than an external advocate. Records demonstrated that during a person's recent review the social worker had noted the service had 'Gone above and beyond' in the level of support provided to the person. Staff went out of their way to support people with not only their physical needs but also their emotional wellbeing.

People told us their privacy and dignity was well upheld by staff. A person commented "My privacy and dignity is upheld. They are marvellous at maintaining my dignity." Another said "They uphold my privacy and dignity. Care is always provided in private."

Staff talked to us about the measures they took to protect people's privacy and dignity, for example; covering people when undressing, closing doors and allowing people private time when needed during their care visit. The registered manager told us staff practice in relation to upholding people's privacy and dignity was monitored as part of the 'spot checks' made on staff. The staff ensured peoples' privacy and dignity was upheld when they provided their care.

The service was able to support people who wanted to receive end of life care in their own home. Five staff had completed end of life training to equip them with the skills to support people who were receiving end of life care and their families. The registered manager had ensured staff were able to respond to people's end of life care needs.

Good

Is the service responsive?

Our findings

A person told us they had received an assessment of their care needs and this had encompassed finding out about their preferences, regards how they wanted their care provided. Another person said they had received a comprehensive assessment of their needs. They commented "They (staff) got all the information. They asked what I needed and how." The registered manager told us that once they had completed people's initial assessment of their care needs with them, then the care plan was developed further and evolved based on feedback from the person and staff, which records confirmed. This ensured that the person's immediate needs were met but that the care plan became more comprehensive and personalised as staff got to know the person and their routines and preferences about their care in detail.

If people's care was commissioned by social services or a clinical commissioning group the registered manager had ensured they had obtained a copy of any relevant existing assessments about the person's needs to inform their assessment.

The registered manager told us if people went into hospital then they reviewed their care prior to their discharge, to assess if there had been any changes to their care needs, which records confirmed. This ensured that the registered manager liaised with hospital staff and the person regarding any changes required to the person's care prior to their discharge.

People's care plans provided staff with clear guidance for each visit about what care they were to provide to the person and how. People's preferences about their care were noted, for example, what they preferred to wear. Staff told us they had access to a good range of information regards people's preferences in relation to their care. People's care records demonstrated that staff had followed people's preferences in the provision of their care. There were clearly documented goals for the provision of people's care.

A person commented "Staff understand my needs." A relative told us that staff understood the care plan. Staff told us people's care plans were comprehensive and that they always updated themselves regards any changes to people's care since their last visit by reviewing the person's care notes when they arrived at their home. This ensured staff were aware of people's current care needs.

The provider told us "People are offered the opportunity to do as much as they can. Then they are more accepting of the care they are receiving." The registered manager provided examples of how they were supporting a person living with the early stages of dementia to retain the ability to do as much as they could for themselves, this was confirmed by staff. A member of staff told us "We are about enabling people, not rushing them." Another person's care plan noted that what was most important to them was to be able to stay at home, which staff were supporting them to do. Within people's care plans there was guidance for staff about how to promote the person's independence by involving them in aspects of the delivery of their care. People's right to independence was recognised and upheld by staff in the way in which they worked with people.

People had an 'Admission to hospital' form in their care notes. This meant that in the event that either care

staff or the person's representative had to call an ambulance. Essential information about the person and their medical needs was immediately available to be passed to the ambulance staff, in order to facilitate their assessment and potential transfer to hospital.

Staff were able to be responsive to people's requests for additional care or to alter care call times where required for specific events such as family celebrations and trips to hospital, this ensured people were able to attend. A person confirmed the office were accommodating and altered the times of their visits to ensure they co-ordinated with any health care. Another person commented "Staff are flexible on the times and if I need a bit longer then they provide it." The service was flexible and responsive to changes in people's care needs.

People's records demonstrated they had received regular reviews of their care. The frequency of reviews was tailored to each person and their care needs to ensure that people whose care needs changed regularly, or whom required a higher level of monitoring were reviewed more regularly. At the review people's views and those of their representatives were sought about their care. A person's records demonstrated that the timing of one of their care calls had been adjusted in response to their feedback at their review. Staff told us they were asked to contribute to people's reviews and that if any changes were required to the person's care then they informed the office and relevant action was taken, for example, increasing the time a person was allocated for their care calls. People's care was reviewed and their feedback was acted upon.

People were provided with a copy of the provider's complaints policy in the service user guide which they received when they commenced the service, which people confirmed. No written complaints had been received. The registered manager told us they tried to address any issues for people before they escalated to the point where people felt the need to make a complaint. Staff understood their role if a person wanted to make a complaint. The service had received a number of compliments from people and their representatives about the quality of the care provided. There was a process in place to enable people to make a complaint if required.

Good

Is the service well-led?

Our findings

The provider's aims and objectives were 'To provide high quality domiciliary care and support to enable people to remain in their own homes.' These promoted independence, choice and effective communication with people. Staff told us they met the provider at the interview who explained to them the purpose of the service. Staff recruitment records also demonstrated the provider's purpose and values were discussed with staff during their interview for their role. Staff told us the provider's values were also covered during the induction programme. The registered manager informed us they sought to recruit staff with "The right attitude" and that staff's adherence to the values was monitored as part of the 'spot checks' made on staff. The provision of peoples' care was based on a clear set of values which were embedded throughout the service.

Staff told us it was good place to work, with regular staff meetings which they found useful for sharing information. One staff member said "It's all about the people." The registered manager told us "I create an open culture so staff will come to me. "

Staff's supervision records demonstrated they were provided with positive feedback on their performance. The registered manager told us that any compliments received were shared with staff, to ensure their efforts were recognised. The provider told us any staff providing "Above and beyond care" were recognised with a gift voucher. People were cared for by staff who worked in a positive and open service where they were validated, supported and encouraged to raise any concerns about people.

The registered manager told us that they had recently met with a lifeline provider. A lifeline pendant provides people with a way to access assistance in an emergency, for example, if they fell. The meeting was held in order to jointly look at how vulnerable people using the provider's service and in receipt of a lifeline. Could be identified as being particularly vulnerable and therefore supported in the event of a lifeline failure. As a result of the meeting there were further plans to meet with a utility provider who had a vulnerable person service, to again identify people using the service who were particularly vulnerable. The registered manager had identified that some of their clients were more vulnerable in the event of a lifeline or utility failure and was seeking ways to work in partnership with other services to further support these people.

People told us the service was well-led. Their comments included: "Yes, it is very professional and well organised," "Yes, it is well managed. The manager is very hands-on" and "I have good interaction with the manager." People told us if there was ever a staff shortage then the registered manager would come out and provide their care when required.

Staff also told us there was good management of the service. They told us they felt well supported by management with whom they had regular telephone and face to face contact. A staff member told us "You can speak to management whenever." Staff confirmed that the registered manager was very willing to provide peoples' care themselves. Staff told us "I have a lot of respect for the manager and the supervisor. There is a good level of communication and you get told of any changes in advance."

The registered manager told us "I lead by example" and "It's important to be visible to carers." Staff commented "They don't ask you to do anything they wouldn't do." The provider told us "I observe what the registered manager is doing. She has passion for the job and true compassion for the people we care for, to get it right for them."

The provider informed us that both they and the registered manager had provided people's care; therefore they knew what it was like for the care staff and the issues they faced.

In addition to the registered manager and the provider there were there were two field care supervisors, who covered both the location and the provider's second location. In addition there was a care co-ordinator based at the location. There was a clearly defined management structure. People and staff reported the service was well–led with visible, supportive and accessible management.

The registered manager told us that as the service was still relatively new they had not yet sent out a survey to seek people's views. They planned to do this but first wanted to involve people in designing the content of the survey to ensure they were involved and that the survey asked relevant questions to generate meaningful information from which they could improve the service.

Staff told us "They (management) are open to improvements." A member of staff informed us they had noted that there were a number of forms for care staff to complete in peoples' homes. They had brought this to the attention of the registered manager who had listened and invited them to review the forms in use. In response, the staff member had designed a single form that encapsulated the required information and as a result, this new form had recently been introduced for use in the service. Staff's feedback was valued and acted upon for people.

The registered manager completed a range of audits including people's medicine administration records, for completeness and accuracy. People's care plan review dates to ensure people's care was being reviewed regularly. There were reviews of peoples' care plan records to ensure their risk assessments and details were up to date. As a result of this audit the registered manager had approached social services about a person's care, to ensure they had all of the equipment they required to keep them safe. Audits were completed of staff's supervisions, observed practice and training to ensure staff were receiving sufficient support. There was a work place risk assessment and as a result a moving and handling poster had been obtained to ensure staff had pictorial guidance about safe moving and handling for people.