The Regard Partnership Limited

Harbour

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 1st April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. The service was previously inspected on the 9th January 2014, when it was found to be compliant with the regulations relevant at that time.

The Harbour is a large Victorian house set within its own gardens in a residential area on the outskirts of Torquay. The service is registered to provide care and accommodation for up to six people with learning disabilities and autism.

On the day of inspection, there were two people living at the service permanently and two people receiving short term support.

The home 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 that they felt safe and there were systems in place to help ensure people were protected from all forms of abuse. Staff had received training in how to recognise signs of harm or abuse as well as in whistleblowing, and knew where to get further information if they needed it.
The provider had developed a number of easy read documents and posters which were displayed within the home which told people how they could seek advice or raise a concern.

The registered manager ensured that there were sufficient numbers of staff on duty to keep people safe and meet their identified needs. We reviewed the staffing rota for the month prior to our inspection and found that the registered manager determined staffing levels according to people's needs and adjusted the rota accordingly. Recruitment procedures were robust and records demonstrated that the registered manager carried out robust checks to help ensure staff employed were suitable to work with vulnerable people. This included checking people's identity, obtaining references and carrying out DBS checks (police checks).

Staff training records demonstrated that staff had undertaken a comprehensive induction and received regular training. This included training in medication, first aid, autism, mental health, communication, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), breakaway techniques, de-escalation techniques; person centred planning and safeguarding of vulnerable adults. Staff received regular supervisions and annual appraisals. Supervision gave staff the opportunity to sit down with their manager and discuss all aspects of their role as well as the opportunity to discuss their professional development.

People were supported by staff who had a good understanding of their needs and were skilled in delivering individualised care and support. Support workers spoke about people knowledgeably and demonstrated during our conversations a clear understanding of people's needs and preferences.

Harbour provided services to people with multiple complex needs. There were safe systems in place to assess and manage risk within the service. Risks to people's safety, health and wellbeing were individually assessed and regularly reviewed. People's support plans included detailed risk assessments with clear guidance for staff on the action they should take to protect people from identified risks. Where appropriate, prompt referrals had been made to health care professionals to ensure the service continued to meet people's needs safely. Keyworkers reviewed people's support plans monthly, and recorded the person's comments, which included details of progress, challenges and any changes in their support needs.

People received their prescribed medicines on time and in a safe way. There was a system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service used a monitored dosage system (MDS), provided by a local pharmacy on a monthly cycle. When medicines arrived at the service the medication administration record (MAR) showed that medicines had been counted into stock and staff signed to say the right numbers had been received.

Medicines, which required additional secure storage, were locked away in accordance with legislation. The Harbour used two systems to record this type of medicines, one system was accurate, however the system they were legally required to complete was not. This meant the home was not recording medicines in a way that met their legal responsibilities.

People's support plans contained records of referrals to a range of health care professionals including GPs, opticians, dentists and chiropodist, the outcomes of these appointments and any changes were documented in people's support plans.

The registered manager and staff we spoke with had received training and demonstrated a clear understanding of The Mental Capacity Act 2005 (MCA). People were fully involved in all aspects of their care and had full access to their records. People's support plans clearly demonstrated that their consent and views were sought in relation to any decisions being made about them. Where decisions had been made in people's best interest, documentation showed that staff had consulted family, and health care professionals when making these decisions, which meant that the home was working in line with the principles of the act.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate referrals for the two people living at the home to the local authority, which had been granted. Although the registered manager had failed to notify the care quality commission of these authorisations as they should do, they sent the required statutory notifications as soon as they realised they needed to.

The registered manager had a clear vision for the service, which they told was to provide positive individualised person centred care, by supporting people to make their own decisions and choices about their lives. Staff demonstrated they understood the principles of individualised person centred care through talking to us about how they met people's care and support needs. We saw that staff treated people with respect and offered people choice.

People who used the service were supported and encouraged to share their views through regular house meetings and by completing annual surveys and their responses were recorded. Due to peoples limited communication abilities we saw that people had been supported to express their views by family members, keyworkers and independent advocates. People were actively involved in setting the agenda and were supported to discuss topics, which were important to them. Staff meetings were held regularly, staff were

able to share ideas and express any concerns. The registered manager used these meeting to empower the staff team to discuss and learn from incidents, highlight examples of best practice and challenge poor practice were it had been identified.

There were effective quality assurance systems in place to monitor the standard of care and ensure that people received care that was safe and met their identified need. The registered manager carried out health and safety quality audits on a monthly basis and submitted weekly reports to the registered provider that were used to identify any areas of concern and plan on-going improvements.

We have made a recommendation about the management of some medicines.

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 said that they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care and support needs. They received regular training to carry out their roles and received regular support and supervision.

People were supported to maintain good health and had access to health care professionals.

People were able to choose their food and drink and were supported to maintain a healthy diet.

People were supported to make decisions about the care and support by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who treated people with dignity, respect and kindness.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported and encouraged to be as independent as possible.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop individualised care and support plans for people.

People were encouraged to take part in activities that interested them, and supported by staff to achieve individual goals.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager.

Staff understood the management structures in the home and were aware of their roles and responsibilities.

There were effective systems in place to monitor the quality of the service provided.

Harbour

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 was 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 the 1st April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. The service was previously inspected on the 9th January 2014, when it was found to be compliant with the regulations. Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

During the inspection, we met with four people who used the service. We looked at the care of three people in detail to check they were receiving their care as planned. In addition, we spent time with people in communal areas and observed how staff interacted with people throughout the day, including during lunch. It was not possible to speak with some people about their experiences of the service due to their complex care needs. We therefore used the Short Observational Framework principles for the inspection (SOFI) as way of observing care to help us understand the experience of people who could not comment directly on the care they received. In addition, we spoke with four members of staff and the registered manager.

We inspected a range of records these included three staff files, training records, staff duty rotas, meeting minutes, medication records, quality assurance records, and the service policies and procedures. We looked around the service, including some bedrooms (with people's permission), communal areas, kitchen, office accommodation and outside space. Following the inspection, we sought and received feedback from health and social care professionals who had regular contact with the service. We also spoke with relatives of people currently supported by the service.

Good

Is the service safe?

Our findings

People said they felt safe and we saw they were relaxed and comfortable in staff presence. There were systems in place to ensure people were protected from all forms of abuse. Staff told us they had received training in how to recognise signs of harm or abuse as well as in whistleblowing and knew where to get further information if they needed it. Another staff member said it was their job to ensure people were safe.

The provider had developed a number of easy read documents and posters, which were displayed around the home which told people how they could seek advice or raise a concern. These included emergency contact and independent advocacy phone numbers. Examples included "speaking out"; it is good to make a complaint "we will listen to you".

Harbour provided services to people with multiple complex care needs. There were safe systems in place to manage and assess risk within the service. Risks to each person's safety, health and wellbeing had been individually assessed and these were regularly reviewed.

People's support plans included detailed risk assessments with clear guidance for staff on the action they should take to protect people from identified risks. Where appropriate, prompt referrals had been made to health care professionals to ensure the service continued to meet people's needs safely. For example, one person's support plan identified that the person was at risk of harm because they had a tendency to look down at the road while they were walking. Staff were instructed to remind the person to look up to avoid the risk of harm. Another person's support plan contained detailed information and guidance for staff about managing risks such as when the person was outside, using transport, using cleaning products and when they were involved in activities such as horse riding and swimming. Staff we spoke with understood the risks involving this person and the protocols they should follow in order to keep the person safe.

Each person had a personal emergency evacuation plan (PEEP) in place. These gave clear guidance to staff and others about the level of reassurance and assistance each person required in an emergency. For example, we saw one person's PEEP stated that they would not be able to leave the home independently when the fire alarm sounded and contained detailed information on how staff should support this person safely. Staff we spoke with told us what support this person needed and the actions they would take.

The registered manager determined staffing levels according to people's needs and adjusted the rota accordingly. We reviewed the staffing rota for the month prior to our inspection and found that the registered manager had adjusted the staffing levels to ensure that people were able to take part in activities and attend appointments. Staff told us "the manager always ensures that there is enough staff on duty to meet people's needs". A relative told us "there is always plenty of staff on duty; they seem to have an abundance of staff".

Recruitment procedures were robust and records demonstrated that the manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking people's identity, obtaining references and carrying out DBS checks (police checks). All staff completed a

comprehensive induction process and upon completion, staff were regularly assessed and monitored through supervision.

Where accidents or incidents had occurred these had been appropriately documented, the registered manager reviewed staff practice and updated support plans to ensure that any risks that had been identified were minimised. For example, we reviewed the incident records for one person who had a tendency to hit out at staff if they became distressed. There was a clear procedure in place which identified triggers to this type of behaviour and the action staff should take to minimise any risks. This meant that staff had all the information needed to manage them in a consistent manner. Staff described how they supported the person in a respectful and dignified manner during the incident and the action they had taken to reduce any risks. The registered manager reviewed all the information, updated the persons support plan, risk assessments, and reinforced to staff the need of a consistent approach whilst supporting this person.

People received their prescribed medicines on time and in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service used a monitored dosage system (MDS) provided by a local pharmacy on a monthly cycle. When medicines arrived at the service the medication administration record (MAR) showed that they had been counted into stock and staff had signed to say the right numbers had been received. Medicine stock levels were monitored to ensure that they only had the required levels necessary each month. The service had appropriate arrangements in place to dispose of unused medicines, which were returned to the pharmacy. Medication administration records contained a picture of the person, clearly identified people's allergies and protocols for 'as required' medicines (PRN).

Medicines, which required additional secure storage, were locked away in accordance with legislation. The Harbour used two systems to record this type of medicines, one system was accurate, however the system they were legally required to complete was not. This meant the home was not recording medicines in a way that met their legal responsibilities. For example, when a person came into the home for respite care, staff accurately recorded the number of tablets within the medicines register. When the person left the home the balance entries within the medicines register did not consistently show that the balance of medicine had been returned to the person, administered or held in stock which was confusing. This meant that staff could not be confident that people had taken their medicines as prescribed or that the right amount of medicine had been return upon completion of their respite stay.

We spoke with the staff and manager about why the two systems were in operation and explained the importance of ensuring the information contained within the medicines register was accurate and up to date at all times. Following the inspection the registered manager had addressed our concerns and sent the care quality commission a copy of their updated guidance to staff along with a pictorially example of the process staff should now follow.

We recommend that the service seek advice and guidance from a reputable source, about how they should meet there legal responsibility in relation to the management of medicines which require additional secure storage and take action to update their practice.

Harbour had a homely remedies policy in place, detailing "over the counter" medicines that could be given without prescription. This included mild ingestion remedies and simple linctus. This was also recorded within the medication section of people's health files.

The registered manager ensured that the home was carrying out health and safety checks on a weekly, monthly and quarterly basis to ensure that any risks were minimised and people were kept safe. For

example, fire alarm, fire doors, emergency lighting and equipment, fridge temperatures, and COSHH risk assessments were in place and reviewed regularly in accordance with company policy.

The registered manager provided clear guidance to people and staff on infection control and the action they should take to reduce risks where they had been identified. For example people were helped to understand the importance of good hand washing techniques in order to prevent cross infection. We saw that the provider had developed guidance in an easy read format which was displayed in the kitchen and bathrooms and staff prompted people to adopt good hygiene practices.

Good

Is the service effective?

Our findings

Support plans demonstrated that people's health needs were met and contained records of referrals to a range of health care professionals including GPs, opticians, dentists and chiropodists. The outcomes of these appointments and any changes to people's care were fully documented in people's support plans. For example, one person's support plan included details of a recent dental visit where the dentist had recommended a special mouthwash. We saw that this person's support plan had been updated to include the addition of the mouthwash and staff we spoke with felt that this person had benefited as a result.

People received effective care and support from staff with the skills and knowledge to meet their needs. The home's training matrix and individual staff training records demonstrated that staff had undertaken a comprehensive induction. Staff received regular training in various topics including, medication, first aid, autism, mental health, communication, MCA, DoLS, breakaway techniques, de-escalation techniques, person centred planning and safeguarding of vulnerable adults.

People were supported by staff that were knowledgeable and understood how each person preferred to be supported. Staff told us they undertook two weeks shadowing with each person as part of their induction in which they were regularly assessed and given opportunity to reflect on their practice and identify ways they could improve. The registered manager told us "all staff had completed their competency based induction and probationary assessments". They also told us they felt "training is vitally important to ensure that our staff have the knowledge and skills to support people".

Staff received regular supervisions and annual appraisals. Supervision gave staff the opportunity to sit down with the registered manager and discuss all aspects of their role as well as the opportunity to discuss their professional development. One member of staff told us "I really feel the manager supports me and I know that no matter what happens they are always at the end of the phone". Another member of staff told us that they had regular supervision with the registered manager and that their supervisions really "felt personal". Another staff member said that the registered manager "really supports us and is part of the team".

Staff ensured that they sought advice promptly when people were unwell or in the event of an emergency. For example, a relative told us of an accident that had occurred involving their relative, while they were taking part in an organised external activity. They explained how the staff had taken the person to the accident and emergency department and that the staff and the registered manager had kept them fully informed.

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.

The registered manager and staff we spoke with had received training and demonstrated a clear

understanding of MCA. People were fully involved in all aspects of their care and support and had full access to their records. People's support plans clearly demonstrated that their consent and views were sought in relation to any decisions being made about them. Where decisions had been made in their best interest, documentation showed an assessment had been made that the person had lacked capacity to make a decision, at a specific time, after staff had taken all practical steps to help the person make a decision. Staff consulted family, and health care professionals when making these decisions, which meant that the home was working in line with the principles of the act. For example one person's records demonstrated how the registered manager had carried out an MCA about the person's ability to make an informed choice about their nutritional needs. This involved discussions about which foods were healthy and which were not. The registered manager having deemed that the person did not have capacity to understand what a healthy diet was or how to make an informed choice, held a best interest meeting which involved the person, family and other health care professionals.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although people were free to move around the home and gardens two of the people living at the home were not able to go out without support. The registered manager had recognised that this was a restriction and had made the appropriate referrals to the local authority, which had been granted. However, the registered manager had failed to notify the care quality commission, which is a legal obligation. We spoke with the registered manager about this who explained that this had been the result of a misunderstanding following a previous inspection. This had not resulted in any detrimental impact to the people involved. Following the inspection the registered manager sent the care quality commission the required statutory notifications.

Harbour had recently introduced a new individualised handover book for people currently living at the service, which staff made records in daily. Each book was personalised to the person and contained detailed information and guidance for staff on how they should support each person, this included information regarding each person's preferred methods of communication, likes dislikes and personal preferences. We asked staff how they felt the new system was working. One person told us "were still getting used to it because it's only been in place for a couple of months but it's good". Another person told us "because it's personalised to each person and contains prompts, we less likely to forget anything important".

Each person's nutritional needs and preferences were discussed and recorded within their support plans these contained information about peoples likes dislikes and meal sizes. People were supported to maintain a balanced health diet by staff that had received training in nutrition and understood the importance of people receiving a balanced health diet.

We saw throughout the inspection people were freely able use the kitchen and make choices about wanted to they eat and drink. For example, we observed one person being supported to make a sandwich for their lunch; staff offered them a choice of many filling and the person choose the filling they wanted. Staff told us how well this had progressed since coming to live at the home. They explained that this person had come from a place where their ability to access the kitchen had been restricted. We saw within this person support plan, using the kitchen freely had been one of their personal goals. People were actively involved in menu planning, shopping and meal preparation with support when needed. Staff told us that menus were planned every Thursday, this involved everyone getting together and deciding what they like eat. The menus were displayed within the home in a pictorial format.

Good

Is the service caring?

Our findings

People, relatives and healthcare professionals spoke highly of the staff and the care and support they provided. People told us that staff were "very nice". Another person told us "I like coming here". Relatives told us "the staff are lovely; they're all very caring and approachable". "We wouldn't get the same level of care anywhere else". Healthcare professionals told us the staff were very knowledgeable and it was clear that they only wanted what was best for the people they support.

Throughout our inspection, there was a happy and friendly atmosphere within the service. People were relaxed in the company of staff and it was apparent that staff knew people very well. We observed positive engagement and interactions between support workers and people who lived at the home. We saw that staff had time to sit with people and showed a genuine interest in their conversations. Throughout the inspection we saw that people and sat around the kitchen table enjoying their coffee while chatting and laughing together. People seemed comfortable in staff presence and genuinely happy to see them. Support workers were affectionate with people and displayed positive physical contact which seemed to relax people and make them happy. We saw that support workers were kind, considerate in their approach, and sensitive to the needs of the people they were supporting. We observed support workers speaking to people in a respectful manner, responding to their requests and listening to what they had to say. Where people had limited verbal communication skills, staff were able to interpret what people were asking or saying.

We spent time talking with people and observing interactions between them and staff. We saw staff supporting people in a clam, kind and caring way. Staff were sensitive to people's needs, provided reassurance, and gently encouraged people to be as independent as possible. We observed staff supporting people actively to make choices. Staff told us "I really enjoy it", "I love seeing people develop, we support people to move on", "it's important that we get it right for them".

People were supported and encouraged people to make choices about their care. Staff told us people "can choose what they want to wear, what they want to do". "I always offer choice". "If people don't want to do something they don't have to it's their home we only work here".

People had their own bedrooms, and were encouraged to personalise them with things that were meaningful to them for example family photographs and pictures, one person was so proud of the pictures in their room they wanted us to see. One person's room had been recently decorated with images from the marvel comics, which they loved, despite only spending short periods of respite at the home. We observed staff during the inspection maintaining people's privacy and dignity by knocking on people's doors and waiting before entering. People had keys to their rooms and were actively encouraged and supported to use them. When staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality. Staff spoke about people in a positive compassionate manner.

Support plans demonstrated that people were actively involved in all aspects of their care and support. Each person's support plan and review documentation was designed in an easy read format, which enabled people to be fully involved planning their care. People were included in all meetings held about them and

they had access to their records. For example, during our inspection one person was able to get their file from the main office, show us their support plan and tell us how they had been involved.

The records showed that this person had attended monthly reviews with their keyworker. It was clear that they had been fully involved in the process and that their comments had been recorded. For example, within this person's last review their keyworker had recorded that they did not think the person knew what they should do if staff were horrible to them. The person disagreed with the keyworkers comments and their keyworker recorded that the person had said, "I can talk to the manager or staff".

Good

Is the service responsive?

Our findings

The registered manager told us that before any decisions were made to accept new people into the home they would carried out a thorough assessment of their health and social care needs to establish if they were able to meet them. The registered manager told us how they had recently assessed someone but had chosen not to accept this person, as they did not feel they would be able to meet their care and support needs.

The assessment process involved meeting the person and gathering information from people who knew them well, such as friends, families as well as other health and social care professionals. People who wanted to come to Harbour were encouraged and supported to visit the home prior to any admission in order to meet the staff as well as the other people who lived there. The registered manager told us how they had supported the transitional arrangements for a person who had recently moved to another home. Staff went to the person's new home every day for three weeks in order to make the move easier for this person.

We found that each person had a care and support plan, which was very detailed and person centred. Support plans were easy to follow and arranged in sections which included detailed information on people's, backgrounds, contacts, communication, pen picture, personal care, medication, mobility and risk management plans. Each support plan contained clear written assessments of people's needs and guidance for staff in how they were expected to meet those needs to help ensure that people received personalised care.

People were supported by staff that had a good understanding of their needs and were skilled in delivering individualised care and support. Support workers spoke about people knowledgeably and demonstrated a detailed understanding of people's needs and preferences. Staff told us that they found the care and support plans very informative and gave them a real insight into each person

We saw this in action throughout the day of inspection. For example, we observed one member of staff working with a person who had very limited speech. It was clear from their interactions that the support worker knew this person very well and was very skilled at interpreting what the person was trying to communicate. At one point, the person pointed at their arm and the support worker immediately responded to this which made them happy. Another person's support plan included details of things that this person was good at doing themselves and provided guidance on how staff were able to support this person to maintain their independence. For example one care plan recorded the person could make their own cup of tea. We observed support workers supporting this person with verbal prompts to complete this independently.

People's support plans included information on their likes and dislikes, and information about what they enjoyed. This included information about which shops they liked to visit, the type of music they preferred and the places they liked to visit. For example, one person's support plan described their favourite band and the foods they loved to eat, we could hear that support workers engaged this person in lively conversation about their favourite band throughout the day, which they clearly enjoyed taking about. Another person's

support plan described how they liked to get up in the morning and have two cups of tea before going for their shower, and how much they enjoyed gardening and walking into town. During the inspection we saw that this person was able to get up when they wanted and have their morning cups of tea before heading for their shower. Later that day the person was able to walk into town to do some shopping. We spoke with the person who was eager to tell us what they had been up to.

Support plans we viewed were written in a positive way, For example, one person's communication passport stated 'this is to help you understand me, to enable you to communicate with me more easily'. Another person's support plan stated 'I am learning new skills all the time so please support me to keep my support plan updated'.

People's care and support were reviewed monthly by their keyworker and people's comments were recorded, this included details of progress, challenges, and any changes in their support needs. The registered manager led a formal review of each person's care every six months in conjunction with the person and their relatives, as well as health and social care professionals. Staff told us how they supported people to achieve their goals. For example one person was supported to do gardening at Seal Hayne, another person was supported to attend hydrotherapy and other people were supported to attend educational programmes.

Where people had limited verbal communication, their support plans contained information and guidance on how to support the person in the form of a communication passport. There were posters displayed within the dining room of Makaton symbols and staff we spoke with were knowledgeable about each person's communication needs and were responsive to them. For example, one person's communication passport advised staff that they should speak slowly, in a soft tone and only use short sentences, which we saw staff using throughout the inspection. It gave clear guidance to staff regarding how they should support the person if they were happy, sad or cross. Another person's support plan stated that 'when I am cross or upset it would be helpful to me, if you gave me some reassurance and ask me if I want to talk'.

One person who attended the service for short stays was unable to communicate their needs to the staff verbally. Staff told us this person communicated their needs via a few select Makaton signs and facial expressions. We saw this persons support plan provided instruction to staff regarding the different noises this person might make and what they might mean. For example, when they were hungry, thirsty, or in pain. We observed the staff working with this person and it was clear that they knew them very well and were able to notice very small changes in the person's behaviour, at one point the person entered the dining room. The staff member supporting this person knew immediately that the person was thirsty and came back with two different bottles of squash to show them, and asked which one they would prefer.

Some of the people who lived at Harbour needed support to manage how they responded to everyday activities and interactions. Support plans were person centred and were written in positive way, which focussed on early intervention, strategies were developed with people where this was not possible. We observed staff on a number of occasions intervene and de-escalate situations as people had become anxious thus reducing the impact to that person and others. For example, one of the people who lived at the home liked to touch people, which others might find uncomfortable. Staff were very aware of this and always close, to remind this person about inappropriate touch and respecting people's personal space, which staff did in a tactful and respectful manner. It was clear that another person living at the home did not like to be touched by this person; staff anticipated the person's movements and distracted the person through conversation and activity before they were able to get close enough to touch this person. We reviewed the persons incident reports and found there were few incident recorded. Staff we spoke with told us that through a consistent approach they had reduced the limited the impact that this behaviour to the

person and others.

We saw that peoples risk management plans contained detailed information on potential triggers and the steps staff should take to reduce the people's anxiety. For example, one person's risk management plan detailed how this person's anxieties may be triggered during a planned activity by crowded places and animals. Risk management plans focused on recognising these potential triggers and de-escalating the situation through early interventions.

Each person had a personalised activity planner and people had access to a range of activities, which were meaningful to them and helped teach person to further develop their skills. For example leisure activities included going swimming, going to the cinema, doing woodwork, going for a picnic and horse riding. Some people received support with personal shopping, food shopping and banking. Some people attended educational courses. During the inspection, one of the people went into town and another went to the fair, people told us they enjoyed taking part in activities and were fully involved in choosing which activities they took part in.

The registered provider had developed an accessible easy read complaints format to enable people to raise concerns, which were displayed within the home. Each person's support plan contained a section entitled how to "make a complaint when I am not happy" this contained information on the person's ability to make a compliant and clear guidance for staff on how to support them to do so. In addition, every month as part of the review process people's keyworkers specifically asked people if they had any concerns or if they were unhappy about any aspects of services provided. This gave people the opportunity to discuss any concerns they might have and their responses were recorded.

Relatives told us they had confidence in the registered manager and would feel comfortable raising any concerns that they might have with them.

Good

Is the service well-led?

Our findings

The management and staff structure provided clear lines of accountability and responsibility. The registered manager told us that they were supported by the senior management team who provided one to one supervision, monitored their practice and offered advice and guidance when needed.

The registered provider's locality manager carried out regular spot checks of the service, talked to people and staff. Looked at records and audits undertaken by the registered manager and staff reported on what they found. This information was used to produce a report which contained details of what they found and made recommendations with time scales for future improvement. We saw that any improvements identified were followed up.

The registered manager had a clear vision for the service, which they told us was to provide positive individualised person centred care by supporting people to make their own decisions and choices about their lives. Staff demonstrated they understood the principles of individualised person centred care through talking to us about how they met people's care and support needs. Staff told us they strongly believed in people's right to make their own decisions and choices and to be treated with dignity and respect. We saw that staff treated people with respect and offered people choice.

People, relatives, staff and healthcare professionals spoke highly of the registered manager. Comments included, "they are really responsive, and act on advice and support offered", "I feel like I'm able to speak with them about anything", "I know my relative is safe and I have confidence in the manager", "they lead by example".

The registered manager described a culture of openness and transparency where people, staff, families and visiting professionals where able to provide feedback and raise concerns. The registered manager told us that they had an "open door where everyone is able to come and talk to me at a time that is right for them". Staff and relatives described the registered manager as very open and approachable. They told us that they were very visible within in the home and had an excellent working knowledge of people who lived and worked there. People were comfortable and relaxed within their presence. Staff told us they felt supported by the registered manager. For example, staff told us that they were "part of the team"; that the registered manager "really listens to them and takes on board our ideas and suggestions". For example, staff proposed a new communication sheet in order to share important information about people more effectively, which the registered manager had recently introduced.

There were effective quality assurance systems in place to monitor the standard of care and ensure that people received care, which was safe and met their identified needs. The staff carried out a range of health and safety quality audits on a weekly, monthly and quarterly basis which had been audited by the registered manager who submitted weekly reports to the registered provider. These were used to identify any areas of concern and plan on-going improvements. We observed that some areas of the home were dated. The registered manager had recognised this and developed an action plan with timescales for any work that needed to be carried out. The registered manager told us that the registered provider had recently

employed a new maintenance supervisor who would be leading the maintenance programme for the home. At a recent meeting they had discussed and agreed to upgrade all the windows with double-glazing.

There were good systems in place for staff to communicate any changes in people health or care needs to staff coming on duty through handover meetings. Staff meetings were held regularly, staff were able to share ideas and express any concerns. The registered manager used these meetings to empower the staff team to discuss and learn from incidents, highlight examples of best practice and challenge poor practice were it had been identified. For example one person at the home following a recent review of their care and support had their one to one support hours reduced. The registered manager led a discussion about the progress this person had made and discussed how they could support this person to further increase their independence. Another person living at the home had just completed a phased reduction of a particular medication. Staff discussed the positive impacts this has had on the person's quality of life. Reviewed the person's risk assessments to ensure that any negative impacts were appropriately managed. We saw that the registered manager used these meeting to refresh people's skills and understanding of subjects such as safeguarding and whistleblowing. Staff were encouraged to raise or share any concerns.

The registered manager told us that they reviewed all accidents and incidents personally which enabled them to identify any patterns or trends. This information was used to minimise the risk of reoccurrence. All accidents and incidents were internally reported to the provider as part of their quality assurance system. The locality manager then discussed them as part of the quarterly quality assurance process. This meant that the registered provider and manager had in place safe systems to ensure that action had been taken to reduce and minimise risks were they had been identified. We saw from the records that all accident incident and near misses were fully discussed with the staff team which enabled learning to take place.

People who used the service were supported and encouraged to share their views through regular house meetings and by completing annual surveys and their responses were fully recorded and acted upon. For example one person said that they would like to grow some shrubs and plants. We saw that the home had involved the person in the purchase some containers for the balcony which the person had planted. We saw staff showing one person picture cards, when we asked them about this they told us that they used this system following activities and meals to gain feedback from the person due to their limited verbal communication. People were actively involved in setting the agenda of house meetings and supported to discuss topics which were important to them. For example in a meeting which took place on the 3rd March 2016, topics included, how to keep safe, things that make me unhappy, activities, my room, things that need to be fixed, holidays and special events.