

Anson Care Services Limited

Harbour House

Inspection report

Penberthy Road
Portreath
Redruth
Cornwall
TR16 4LW

Tel: 01209843276

Website: www.anson-care-services.co.uk

Date of inspection visit:
01 September 2021

Date of publication:
03 November 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Harbour House provides accommodation with personal care for up to 20 people. There were 17 people using the service at the time of our inspection. The service is in one adapted building over two floors.

People's experience of using this service and what we found

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this had ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People living at Harbour House had care plans which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities, although these had to some extent been impacted by the COVID-19 pandemic. The service had recently employed another activity coordinator to ensure activities were expanded.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was Good. (Published 30 April 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Harbour House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a pharmacist inspector.

Service and service type

Harbour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and a relative. We spoke with seven members of staff including the registered manager, operational manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes of meetings within the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse as systems and processes in place were effective. People told us they felt safe. People told us, "I feel very safe living here" and "I have every confidence with the staff. Yes, I do feel safe."
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance. Where people had become at risk from skin damage referrals had been made and staff were supported by district nurses.
- People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for weight management and nutrition, falls and dependency levels had been undertaken.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were generally enough staff to support people, but there were times when staffing levels were at the minimum level. Staff told us, "It's usually OK but it can get difficult at times especially in the mornings" and "We do use agency sometimes but mostly we cover for each other." Staffing levels could fluctuate due to staff sickness and the current pool of available staff for recruitment which at the time of inspection was a national issue. We found the staffing levels were not having an impact on meeting people's needs or safety.
- People told us they felt overall there were enough staff. A person told us, "Staff are very good, and you don't usually have to wait for long before they answer" and "Sometimes they seem a bit stretched but generally it's OK and yes I feel safe."
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to

work with vulnerable adults.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- A new electronic system had been introduced recently, where staff recorded when medicines were given. However, the application of creams and external items were not always recorded on this system and one person was not having their applications recorded when these preparations were applied. The registered manager took immediate action to address this and added the item for staff feedback.
- People were supported to administer their own medicines if they wished to, and we saw that risk assessments were completed to make sure this was done safely.
- There were suitable arrangements in place for 'when required' medicines. We saw a detailed and person-centred protocol in place for one person prescribed a sedative medicine in this way. By following the protocol staff could minimise the need for this to be given.
- Staff received training and were checked to make sure they gave medicines safely. We were told these checks would be updated now the new system had been established.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. The refrigerator temperatures were stable and suitable. However, the full maximum and minimum range was not being recorded. This would help to show that temperatures were always correct, and the manager informed us that they would take action to start recording the range.
- On the day of inspection some medicines waiting for return to the pharmacy were in the manager's office, as collection was due later that day. We were told that these would be stored in a more secure location going forward.
- Any medicines incidents or errors were followed up and reported. New monthly medicine audits were being introduced following the introduction of the new electronic system.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.

Staff support: induction, training, skills and experience

- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "I feel really supported by the staff team. They are supporting me as a recent member of staff."
- Formal supervision had been disrupted due to the impact of the COVID-19 pandemic. However, staff told us they had continued to be supported by the registered manager and senior staff. Records showed formal supervision sessions had recently recommenced.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

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

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.
- We observed lunchtime service. People were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required assistance to cut up their food. Where people required support to eat this was done in a dignified way and staff ensured people had the time to eat their meal. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.
- People told us they liked the meals offered and that their personal choices were respected. People told us, "I don't like sauces or things like that, and the cook knows that", "More than enough to eat and drink. It's all very lovely" and "I like to have a little bit but often and that's what I get."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Care records evidenced people had regular reviews with appropriate health and medical professionals, for example, Tissue Viability Nurses (TVN's), Speech and Language Therapists (SALTs) and chiropodists.
- Care plans were comprehensive and provided staff with clear guidance about how to provide the right care and support for people. Care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- There were records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT) and district nurses. Staff followed the recommendations made by professionals. For example, staff supported people at risk of pressure sores or skin conditions to apply creams as prescribed.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

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

- We had received a concern regarding the risk of a step between floor levels outside the dining room. Additional wall handles had been fitted to support people. However, the carpet in place was a bland colour and there was a risk people could misjudge the level of the step. The provider had taken action to source a more suitable floor covering on the step to alert people.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently.
- Access to the building was suitable for people with reduced mobility and wheelchairs. The service was divided into various levels. There was choice of access to the upper floor through stair lifts and a passenger lift.
- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

- People's rooms were personalised to their individual requirements. Two people told us they 'loved' their rooms and had everything they needed. They said, "I've had this room for many years, and I love it" and "I've built up my collections and you can see them all around."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff cared for people with compassion and respect. Without exception people were positive about how they received care and support. They told us, "They (staff) without doubt are so respectful and helpful. Have not got a bad word for any of them," "I get on with the staff they are really good and help me out," "They (staff) are caring even when they are stressed and under pressure. Always got time to talk." A relative told us they were happy with the care and support provided to their family member.
- Throughout the inspection, we observed interactions between staff and people using the service. They showed that staff had developed good relationships with people and knew their care needs well. We observed staff patiently and kindly supporting people when they became anxious or upset. They provided gentle reassurance and sat with them until they became settled.
- Some of the staff we spoke with told us they had worked at Harbour House for many years and built caring relationships with the people who lived there. They told us this had been even more important during the COVID-19 pandemic when people were unable to see their loved ones regularly. One staff member told us, "It's been so difficult for everyone but especially for the residents. We've been here for them."
- Equality and diversity was embedded in the principles of the service. Staff received training in this area and understood how people should be protected against discrimination. Staff understood the importance of people's diversity, culture and sexuality and managing their care needs in a person-centred manner.
- Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private. Personal care was delivered behind closed doors and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene with access to baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. One person told us, "My hair and make-up is really important to me."

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

- People and their relatives or representatives were involved in care planning and reviews. Staff supported people to make as many decisions for themselves as possible. For example, one person chose to use the lounge and dining area each morning to have breakfast, relax and chat with people in their housecoat before changing to day wear before lunch. Other people chose to remain in their rooms either all day or for certain times of the day. Staff respected this and understood and respected people's individual choices.
- Staff supported people to keep in touch with their family. The service had opened up for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of

keeping contact with family and friends by using technology. For example, during the inspection a person was using a media platform to communicate visually with a relative living in another country. They told us how wonderful it was they could keep in touch like this. Staff told us it had helped people and families with their wellbeing.

- Staff communicated with people in the way they understood and gave them time to express themselves. We saw staff stoop to people's level to speak with them and they waited for the person's response either verbally or non-verbally to make sure they understood their wishes and views.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and detailed people's likes and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance was given to staff on how to meet these needs.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or skin pressure area care, guidance was in place for staff on how to manage those conditions. Care plans also documented how staff should support people when they became anxious or upset, what triggered people to become upset or anxious and how staff should work with the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could be provided with information and reading materials in a format that suited their communication needs as required. Care plans included people's methods of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- There had been some disruption to the activity programme during the COVID-19 pandemic and due to an activity coordinator vacancy. However, this had recently been filled and the activity programme was being expanded.
- People told us, "We have a minibus and that will get us out and about. I look forward to that" and "I prefer my own company but always get asked to take part in anything that's going on." We observed a lot of one to one support with staff members throughout the inspection.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People

and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on. One person said, "I feel comfortable raising any issues. I have always found the manager to listen and act on any issues.

- A recent concern shared with the service in respect of environmental issues, had been reviewed and acted upon. This mitigated potential risks for the future.

End of life care and support

- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family and GP.

- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.

- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We noted there was a positive culture within the staff team and staff told us they felt supported by the management team. The registered and deputy managers had built open and trusting relationships. A staff member told us, "It's been a difficult time with the impact of the pandemic, but I have always felt supported."
- People told us they were satisfied living at Harbour House; their care needs were met, and they felt well supported by the staff team. One person told us, "I have lived here for a long time and I can't imagine living anywhere else."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "We get to know everyone's choice. Some like to spend time in their room others prefer to be in and around the lounge. It's very much their choice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the operational manager. There was good oversight of the governance systems for the service in place.
- The management team and provider had an oversight of what was happening in the service.
- Regular audits took place, and these were completed by the management team and overseen by the operations manager. These included checks on people's health, social needs and staffing.
- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.

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

- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings. They had also used this type of communication to meet with relatives. A relative told us, 'It was a wonderful way to be able to keep in touch with their family member'.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "It is so important to respect residents as individuals in their own right."

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.