

Harbour Care (UK) Limited

The Waves

Inspection report

199 Churchill Road
Parkstone
Poole
Dorset
BH12 2JD

Tel: 01202734857

Date of inspection visit:
12 September 2018
14 September 2018

Date of publication:
16 October 2018

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

The Waves is registered to accommodate up to 3 people. At the time of our inspection there was one person living in the home. There were no plans for anyone else to move in. The person had moved in at the beginning of June 2018 and before that the home at been a dormant service for 8 months because no one was living there.

When we last inspected The Waves we had concerns about how the previous person living there was supported. There were breaches of regulation. At this inspection we found improvements had been made.

There was a registered manager in post. 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.

Staff cared about the well being of the person living in the home. We received positive feedback from relatives and professionals who worked alongside the home.

There were sufficient levels of trained and experienced staff who had worked to get to know the person well. Staff understood how to identify and report abuse and were well supported in their roles. Staff received training to enable them to carry out their roles competently.

The person was supported to make choices about how they spent their day. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted independence and choice. Where the person was not able to make a specific decision, staff acted in accordance with the MCA.

The person's health care needs were met and staff supported them to see healthcare professionals when appropriate. They were supported to take their medicines safely by staff who had received the appropriate levels of training.

The person was encouraged and supported to take part in a range of activities within the home and the locality. Within the home the environment had been adapted to enable the person to spend their time doing activities that were enjoyable and meaningful to them.

Relatives knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There were quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive 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.

The person was supported by sufficient, suitably experienced and qualified staff.

Medicines were stored and administered securely.

Staff demonstrated an understanding of the signs of possible abuse. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had on going support from senior staff.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 and how this applied to their daily work.

The person was supported to maintain their health and had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Care and support was provided with warmth by staff who treated the person with compassion, respect and dignity.

Staff knew the person well and reflected on their understanding individually and as a team.

Relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive.

The person had a personalised care plans which took account of their likes, dislikes and preferences.

Staff were responsive to changing needs.

Family views were actively sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed. Staff felt confident they would be listened to.

Observations and feedback from staff reflected a service with a supportive, honest, open culture.

The provider had systems and audits in place to monitor the quality of the service provided.

The Waves

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 announced comprehensive inspection visit took place on 12 September 2018. The inspection team was made up of one CQC Inspector. We made telephone calls as part of our inspection up to 14 September 2018.

Before the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). The PIR 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. We also reviewed information received from a local authority who commission the service for their views on the care and service given by the home.

During the inspection we met the person living at the Waves briefly in a way that was acceptable to them. We observed and listened to how staff interacted with the person and following the visit we spoke with two of their relatives, two further staff and a social care professional. During the visit we spoke with the registered manager and a member of staff.

We looked records related to care and support. This included care plans and care delivery records and Medicine Administration Records (MARS). We also looked at records relating to the management of the service including: three staff files with reference to their recruitment, supervision and training; maintenance records; quality assurance records and staff meeting minutes.

Is the service safe?

Our findings

Staff and the person's parents told us they felt the Waves was safe. The person's parents felt they were kept informed and involved. They understood the measures that were in place to reduce risks and how those were balanced to promote a full and meaningful life.

Risk assessments covered all relevant aspects of the person's life whilst reflecting their wishes and encouraged their opportunities for choice. Staff had clear understandings of these risks and the support they provided to reduce them.

Staff demonstrated a good understanding about identifying potential signs of abuse and knew the process to take if they needed to report internally or contact the local safeguarding team. Staff discussed safeguarding and whistleblowing processes as a team and staff told us there was a culture of sharing concerns openly.

There were enough appropriately trained staff employed to support the person. Staff worked across two homes. This ensured the staff team was large enough to be sustainable and supportive and small enough that the person was able to get to know the team.

Recruitment practices were appropriate and the relevant checks had been completed on all staff. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

Medicines were administered safely. We checked the stock and storage of medicines and reviewed the medicine administration records (MARS). These records were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training. Staff understood how the person indicated they were in pain and we saw pain relief medicine was administered with an explanation recorded.

There were plans made for safe evacuation from the premises in an emergency situation such as a fire. This information was kept up to date. The provider had a system in place to ensure the premises were maintained safely.

The home was clean throughout our visit and staff understood their responsibilities to maintain hygiene to ensure infection control.

Is the service effective?

Our findings

When we inspected the service in June 2017 there were breaches of regulation related to record keeping, not adhering to the conditions of a Deprivation of Liberty Safeguard and staff skills and knowledge. The provider wrote to us and told us how these shortfalls would be addressed. At this inspection we found improvements had been made.

The home had been, and continued to be adapted to meet the needs of the person living there. Thought had been given by the whole staff team, in discussion with their parents as to how best to use the space to provide an environment that encouraged, enabled and felt safe. This included a sensory room developed with input from an occupational therapist and a garden that provided a safe and usable space.

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected preferences and wishes. They covered areas such as communication, eating and drinking, health, personal care and well being. Care plans were regularly reviewed and updated in consultation with family and professionals.

Staff had the skills and knowledge they needed to perform their roles. Staff explained they could access training they needed and spoke about the opportunities for professional development they had access to within their roles. Training was relevant to the needs of the person living in the home and staff were able to use, and develop, their learning within discussion with colleagues. This happened both day to day and within staff meetings. Supervision and appraisal were used to develop and motivate staff, reviewing their practice and focussing on their professional development. All the staff commented that they felt supported and encouraged to develop.

The person was supported to eat and drink enough to maintain a balanced diet. They had choice over meal planning and staff were familiar with their likes and dislikes. The person was encouraged to take part in meal preparation. Care plans contained details of food preferences and the support required. Professional input had been sought to review the person's diet; this review had confirmed that they were choosing and eating an appropriate diet. The kitchen had been assessed by the local food standards since it had reopened in June 2018. They had awarded a Level five meaning that the home met the highest standards of hygiene.

The person was supported to manage their health. Staff supported them to keep active and to maintain relationships and interests. Staff also liaised with health and social care professionals to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues. The person had information available to share with health professionals about the support that helped them. This included information about their health and their communication and what helped them stay calm.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA). The 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 the least restrictive possible. The person's mental capacity to give consent was assessed and best interests decisions had been made involving their parents and appropriate professionals. These were reviewed regularly and staff understood the importance of this review to ensure that restrictions were not assumed as permanent.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, including short stay homes, and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This had been done. The DoLS had specific conditions attached to them these were being followed.

Staff showed a good understanding of the person's capacity to consent to their care and support and the choices they could make each day. Staff explained how they offered choice and how they respected the person's choices.

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere at the home. Relatives commented on the caring nature of the staff team, reflecting on the genuine concern they felt the staff expressed for their loved one. The person was comfortable approaching staff and was able to make their views known.

The person's care and support plans focussed on achieving outcomes that were meaningful to them and promoted the opportunities they had to make choices and direct their own support. Staff followed the person's communication system to promote this whilst respecting their individual idiosyncratic communication methods too. The person's communication passport was being reviewed, with input from a speech and language therapist, when we visited as staff had felt this was now appropriate in their new home.

Family told us they were always made to feel welcome and free to visit whenever they wanted.

Staff were aware of the importance in respecting people's rights to privacy and dignity and this was supported by the person's care plan. Staff used the person's preferred name and respected their privacy whilst balancing this with risk management. This balance was an ongoing focus of reflection for staff.

We saw genuine affection between staff and the person. Some of the staff team had known them over many years and this added to their understanding of their history and what mattered to them. Staff all reflected in discussions with us their desire to provide the best possible care and support for the person.

Is the service responsive?

Our findings

The person's parents were kept informed about changes in care. One parent told us: "They (registered manager and other staff) are very good at keeping me up to date." Their other parent identified that meetings were scheduled to ensure they could attend when possible and they were sure the service reflected their views if this was not possible. Documentation reflected this with clear recording of relative's involvement in reviews of care and decision making processes.

Staff were attentive to the person's needs and ensured that agreed plans were followed. Staff told us that communication within the home was very good and this ensured they worked as a team to make sure the person was well supported. When there was a change in need, care plans were updated to reflect this and staff told us the care plans were very helpful. A member of staff explained: "The care plan is 100% relevant." A parent commented on a recently introduced monitoring tool saying: "If there was anything better I trust them to find it."

The person's needs had been assessed and care plans reflected those needs. They reflected preferences and included detail about what mattered to the person. Staff knew about the person as an individual, what and who was important to them and how they liked to spend their time. They knew what activities they enjoyed and how and when they preferred their personal support to be given. They described how getting to know the person helped them to provide care especially on days when the person was finding some aspects of life more difficult.

The person was supported to take part in a range of varied and interesting activities. Staff supported the person to choose where they went on regular trips out of their home. This was an area of development as staff monitored what the person enjoyed and developed a bank of photos to help them show where they wanted to go.

Staff communicated in ways that suited the person. They understood the impact of the person's autism on their communication and used their communication systems appropriately. This system was described in care documents and shared with new staff and professionals appropriately. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Family told us they knew how to complain if they needed to, one parent told us: "I absolutely have confidence to raise concerns." There was guidance available informing people how and who to make a complaint to if required. The service had not received any formal complaints.

Is the service well-led?

Our findings

The home had a registered manager in post. 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.

Staff and relatives spoke positively about the registered manager and staff all commented on the availability, approachability and commitment of senior staff from the provider organisation. The person recognised and engaged with familiarity with the registered manager. There was an open, friendly, supportive and reflective culture within the home and a clear management structure. One member of staff said, "I feel supported. The managers are reliable" Another member of staff told us: "I feel supported. There is very good communication."

The home had not been open for long enough since it was empty to undertake a range of satisfaction surveys but those with an interest in the home were encouraged to say what they liked and what they wanted changed. Family members had been asked for their feedback as part of quality assurance.

The registered manager described the support they received to stay up to date with good practice and how learning and improvement were supported by the provider organisations. This included regular opportunities for registered managers to meet. The registered manager had a good understanding of incidents that required a notification to CQC.

A range of audits and spot checks to assess the quality of the service were regularly carried out. These audits included medication, infection control, and health and safety checks. Night spot checks were made and senior staff worked in the home regularly and understood the support the person needed.