

Harbour Care (UK) Limited

Beach House

Inspection report

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Poole
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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 was unannounced on 4 and 5 May 2016.

There was 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.

Beach House is a care home for up to seven people with learning disabilities in Poole. At the time of the inspection there were seven people living there.

Some people living at Beach House were able to tell us their experiences. Where people communicated differently and were not able to tell us their experiences. We saw that those people and the people we spoke with were smiling, gave staff eye contact, and were happy and relaxed in the home. They interacted with staff and some of them interacted with the other people they lived with.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

People were relaxed with staff which may have indicated they were comfortable and felt safe with them. Other people and relatives told us they and their family members felt safe at the home. Staff knew how to recognise and respond to any signs of abuse. They co-operated with any investigations.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines.

Risks to people's safety were assessed and managed to minimise risks. People were supported to take part in activities and experiences in the house and in the community.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff were recruited safely.

The culture within the service was personalised. There was a clear management structure and people, relatives and staff felt comfortable raising any issues. There were systems in place to monitor and drive improvements in the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good 

The service was effective.

Staff received training to ensure they could carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good 

The staff were caring.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs.

People and staff enjoyed each other's company.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Good ●

Is the service well-led?

The service was well-led. Observations and feedback from people, staff and professionals showed us the service had personalised culture.

There were systems in place to seek feedback from people's representatives and professionals. Actions were taken in response to any feedback or shortfalls identified.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

Good ●

Beach House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 May 2016 and was unannounced and was conducted by one inspector.

We met and spoke with six of the seven people. Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. We observed staff supporting people. We also spoke with the registered manager, the area manager, a team leader, and three support workers.

Following the inspection we spoke with four people's relatives.

We looked at three people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

The provider completed a Provider Information Return (PIR) and sent this to us during the inspection at our request so we could use this information to inform the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the registered manager sent us the service's internal action plan.

Is the service safe?

Our findings

Two people were able to tell us they felt safe. One person said, "I don't feel worried or scared but if I did I would speak to [manager] and [key worker]. People were relaxed with staff, freely approached them, made eye contact, smiled and chatted with and actively sought out staff. This indicated they felt safe at the home with staff. Relatives told us they felt their family members were safe at the home.

There were posters displayed outside the kitchen and in the manager's office about how people and staff could report any allegations of abuse. These were supported by pictures to make the information easier to understand. All of the staff had received safeguarding training as part of their induction and ongoing training.

The staff and manager had reported allegations of abuse to the local authority and CQC. They co-operated fully with the safeguarding investigations.

We saw that where any learning was identified that this was followed up to minimise the risk of reoccurrence. For example, where there had been a delay in promptly reporting an allegation of abuse this had been addressed with both individuals and all staff to ensure they reported incidents as soon as they were identified. Staff we spoke with were confident of the types of the abuse and how to report any allegations.

Staff had received training in medicines administration. Staff had their competency assessed annually following completion of their training. The manager and team leader undertook weekly and monthly medicines audits.

We saw from Medication Administration Records (MAR) that medicines were administered as prescribed. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in people's 'as needed' care plans.

People had risk assessments and plans in place for: specific health conditions, access to activities at the home and in the community, epilepsy management and behaviours that may require a positive response from staff. For example, one person had very complex uncontrolled epilepsy. During the inspection the person had a seizure. Staff responded immediately and followed the person's epilepsy risk management plan. This included the administration of rescue medicines and calling the emergency services. All staff were confident of how they needed to respond when the person had a seizure.

This person's risk management plan in relation to how the allocated staff needed to monitor and support the person had been reviewed. The staff were then asked to sign this risk management plan to show they understood how closely they needed to support the person to keep them safe.

We looked at the staffing rotas for a two week period including the week of the inspection, relatives and staff told us there were enough staff to meet people's needs. The manager told us that staffing was calculated on

people's individual needs and they ensured that where people were funded for one to one staffing this was provided. The staff rotas were planned around the activities people did so there were enough staff on duty to support people.

We looked at four staff recruitment records and spoke with one member of staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. In addition all new applications included an on line personality test to ensure new staff had the personal attributes to work with people with learning disabilities and complex needs. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. One person told us what they needed to do if the fire alarm went off. They showed us the fire procedure poster in their bedroom that was supported by pictures. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area.

Is the service effective?

Our findings

People told us they were happy with the food at the home. One person told us "I like the food, chilli, chicken and rice and spaghetti Bolognese and I help with the cooking" Another person said, "Food good like it". At breakfast and lunch time people choose what they wanted and some people prepared their own breakfast or sandwiches.

People were involved in planning the menus. One person told us they went shopping with staff to the local supermarket to buy the food. They told staff what foods needed to go on the list before they went during the inspection. There was a menu with pictures so it was easier for people to choose what they wanted. One person put these pictures up each morning. The manager explained that each person was asked what they wanted to eat each day as well as using the planned menu.

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly and action was taken if people's weight changed significantly.

One person was trialling a specialist diet to see whether it made a difference to their health condition. The manager was in regular communication with the hospital dietician to ensure the person was receiving sufficient nutrition and their weight was maintained within safe limits. The impact of this diet on their health condition was being closely monitored by specialist hospital consultants.

People had health care plans in place and they used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow. In addition to this people had a hospital grab sheet that included important health and personal support information about people.

People had access to specialist health care professionals, such as physiotherapists, community mental health nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

Staff supported people with their health conditions. For example, we observed staff supporting one person following dental treatment for which they had received sedation.

As part of our inspection, we asked health and social care professionals for their opinion of the home, and they all gave us positive feedback.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. Because of the specific needs of one person all staff were trained in the use of specialist epilepsy rescue medicines.

Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. New staff were completing the care certificate which is a nationally

recognised induction qualification. There was a training plan in place.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with the manager. The manager and staff said and records showed staff had their annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The supernumerary senior support worker understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. For example, a mental capacity assessments and best interest decision had been made for one person in relation to a routine health screen. The staff and learning disability nurses had provided the person with information about the procedure that supported by pictures so they found it easier to understand. The staff had successfully supported the person to undergo the health screening.

Staff sought consent from people before care and support was provided. For example, one person said staff checked with them before staff helped them with anything. They said when staff helped them with their personal care and having a bath staff always asked them first.

Is the service caring?

Our findings

One person who had lived in a number of different care homes told us they were the "happiest" they had ever been at Beach House. We saw good interactions between staff and people. People chatted to staff and laughed with them. Two people who did not communicate verbally gave staff eye contact and one person smiled and reached out to touch staff.

People told us they liked and cared for each other and one person told us when another person was unwell they liked to fetch them a blanket to keep them warm.

Relatives told us they were very satisfied with the care their family members received at Beach House. One relative said, "Beach house is excellent as far as I'm concerned".

Staff smiled and they were relaxed and friendly, they were kind and they treated people with patience and respect. They spoke fondly about people and told us they enjoyed the time they were able to spend with people. They all spoke positively of their role and the team working at Beach House.

Two people said that staff respected their privacy and dignity by knocking their bedroom doors and waiting before they came in. Staff very sensitively and discretely supported one person who needed support to change their clothes.

One person had an audio and video device that was used at night to monitor any seizures. This device was turned off whilst the person was receiving personal care. This was to maintain their privacy and dignity.

People's independence was promoted and some people told us they were encouraged to participate in things around the home. One person told us they helped with the meal preparation with staff. People were encouraged to maintain their mobility and staff supported people to walk with their walking aids.

People told us their relatives and friends were free to visit when they wanted. Relatives told us they were made welcome whenever they visited. They said that staff kept them up to date with important information about their family member where appropriate. Relatives said staff supported their family members to maintain telephone contact with them.

Is the service responsive?

Our findings

During the inspection all of our observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything.

People were supported to take part in activities they enjoyed both in the home and in the community. Group and individual activities were provided. During the inspection people went shopping, out to a café, for walks, to go and get a paper, completed puzzles and used drawing boards, attended planned day service and visited family. People either planned their activities on a weekly basis or a daily basis depending in their wishes, physical health and needs.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. Staff and people set goals for each person. Where people were able to understand their written plans and goals they had signed to agree to them. These goals were reviewed with the person on a monthly basis. Where people were not able to participate in these reviews their family members or representatives were consulted.

Staff had signed to show they had read and understand people's care plans. We saw staff supporting people as described in their care plans. For example, one person's plan detailed how staff were to support them on a one to one basis. This included details about how close they needed to be to the person because of their complex health needs and the need to react quickly to keep them safe.

A health and social care professional fed back that the staff at Beach House followed people's specific plans and always contacted them if the person's needs changed and their care plan needed updating. For example, one person's behaviours changed and the staff made contact with the health and care professionals to support the person during specific complex health tests at the hospital. The staff had followed the specific plans put in place and the person's wellbeing and behaviours had improved following some medicine changes.

There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. Two people told us they would speak with staff and the manager if they were worried about anything.

We reviewed the three complaints received in the last year. These had been investigated and feedback provided to the complainant. The learning from any complaints was shared at staff meetings.

Is the service well-led?

Our findings

Observations and feedback from staff, relatives and professionals showed us the home had a person centred culture. This was because there were regular opportunities for people to contribute to the day to day running of the home through 'Your voice meetings'. These meetings were held on a monthly basis. Because of the differing needs of the people living at the home the manager consulted with and involved people in the ways that suited each individual. For example, one person did not like meetings so the manager spent time with them separately seeking their views. Another person showed us the minutes of the meetings that were supported by photographs.

Relatives told us they were kept informed and were consulted about important things if their family members were not able to make these decisions themselves.

There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. The registered manager sent us a copy of this review and the action plan that showed that all of the action had been completed. In addition, the registered manager and staff team undertook reviews of medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents. We saw that where any shortfalls were identified in these reviews actions were taken.

In response to some concerns being raised at the home unannounced spot checks were introduced. These were undertaken by both the registered manager and other managers in the area. However, these unannounced visits were not always recorded so staff could receive feedback about good practice that was observed and or any areas of improvement. This was an area for improvement.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from safeguarding, accidents, incidents and complaints. The registered manager fed back to individual staff and at staff meetings any learning.

All staff knew how to whistle blow and there were posters displayed in the staff areas with details of who they could contact. In addition whistleblowing was raised during staff one to one support meetings and they were given a card with all the relevant contact details on.

Staff told us they felt valued involved in important things at the home. We found, from staff records and from speaking with staff, they understood their roles and responsibilities. There were monthly staff meetings and the minutes were available to staff.

The registered manager told us they were particularly proud of how the staff team had continued to support people in a positive person centred way following some unexpected staff changes.

The registered manager has taken action in response to any areas for improvement or learning. For example, they had completed staff risk assessments once a specific risk had been identified.

There were staff consultation forums at a regional and national levels organised by the provider. A staff representative from Beach House attended 'You Say' meetings with the area manager and they were also the regional representative for the other services in the area. Posters were displayed that included what actions had been taken in response to issues that staff had raised. For example, a staff retention plan had been developed that recognised staff's value to the home ad organisation.

The registered manager kept their practice up to date by attending local professional forums and learning groups.

The registered manager notified us of important events and incidents as required by the regulations.