

# Harbour Care (UK) Limited

# The Tides

## Inspection report

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Date of inspection visit:  
03 April 2019  
04 April 2019

Date of publication:  
21 May 2019

## Ratings

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

# Summary of findings

## Overall summary

About the service:

- The Tides is a care home for people with a learning and/or physical disability. The home is registered to provide accommodation and personal care for up to eight people. At the time of our inspection there were eight people living at the home.

People's experience of using this service:

- People received outstandingly effective care and support from a consistent, committed well trained, staff team. Staff spoke passionately about their role and felt extremely well supported by an approachable, open management team.
- Staff knew people exceptionally well and expressed care and affection for them and worked hard to enable people to share their views and live active lives as independently as possible. People received care and support in an individualised way, which was planned and delivered to fully meet their needs. People were supported and cared for as individuals with a thorough person-centred approach.
- The home had undergone recent redecoration and adaptations which had positively impacted the lives of people living at The Tides. This had led to people having an improved sense of well being, and reduced instances of anxiety and agitation.
- The service worked collaboratively and closely with health care professionals to ensure people received the best care and support at all times.
- People had detailed, individual risk assessments completed which ensured they were supported to live their lives as independently as possible while minimising any identified risks.
- People were supported to have maximum choice and control of their lives and supported in the least restrictive way possible, whilst maintaining a level of independence.
- People were supported to access the community and trips to places of interest each day. People's privacy was protected and they were treated with dignity and respect by a caring staff team who showed people kindness and compassion.
- The Tides was staffed with sufficient levels of trained staff who were themselves supported with a robust system of regular supervision and annual appraisals. Staff felt very well supported and commented very positively on the training they received.
- People's medicines were being managed safely, stored securely and administered by trained staff.
- People and their relatives were fully involved in assessing and planning the care and support they received.
- People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.
- Relatives and health professionals expressed confidence in the management team and felt the service was very well led.

More information in Detailed Findings below.

Rating at last inspection: Good (The date the last report was published was 21 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains rated as Good overall.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

## 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?

Outstanding ☆

The service was exceptionally effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# The Tides

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one CQC Inspector over both the days of the inspection visit.

#### Service and service type:

The Tides is a care home that can accommodate up to eight people with learning or physical disabilities. People in care homes receive accommodation and 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 registered manager in post. A registered manager is a person who has 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.

The service had been developed and designed in line with the values that underpin the registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

#### Notice of inspection:

The inspection on day one was unannounced.

#### What we did:

Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of and contacting health professionals and the local authority for their

views on the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection, we met with seven of the people living at The Tides and spoke with two of them. Some of the people we met had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements. Throughout the inspection we observed people looked relaxed and comfortable with staff and actively sought staff out to engage with. We spoke with four members of staff which included the registered manager, the deputy manager and care staff. We received written feedback from a health professional and immediately following the inspection we spoke with four relatives on the telephone and obtained their views on the service The Tides provided. We also received e-mail feedback from a further two relatives.

We observed how people were supported and to establish the quality of care people received we looked at records relating to their care and support. This included individual care and support plans and all Medicine Administration Records (MARS). We also looked at records relating to the management of the service including; staffing rotas, staff recruitment, supervision and training records, premises maintenance records, training and staff meeting minutes and a range of the providers policies and procedures.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and health professionals told us they felt The Tides was a safe place in which to live.
- Staff received safeguarding training and spoke knowledgeably on how to spot the signs of potential abuse. They were aware of the correct action to take should people raise concerns with them.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.
- Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and staff demonstrated detailed knowledge on how people preferred their care and support to be given.
- Risk assessments were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks to reduce the risk of legionella. Certificates showed The Tides was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- People, relatives and staff told us there were enough trained staff available on each shift to ensure people were supported safely. The provider had changed the staffing structure to allow for a deputy manager position and two senior staff positions. Staff told us this had proved to be a major improvement and allowed more flexibility in the staffing of the home.
- One relative told us, "Staff turnover has been consistent... this means the current team know [person] well and plan and carry out their care efficiently and effectively whilst maintaining a good atmosphere in the home." A member of staff told us, "The staffing levels are brilliant...there are always enough staff." Another member of staff told us, "We have enough help at all times...it has really improved with the staffing levels and we are now fully staffed."
- The registered manager managed two homes for the provider. Staff told us this worked well and they were given full support in their roles. The registered manager told us they could manage both homes effectively.
- The staffing rotas reflected people were cared for by appropriate numbers of staff. The provider had a system in place to ensure any planned or unplanned staff absence could be covered with staff who knew the people living at The Tides. This ensured people received consistent care from people they knew.

- Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at The Tides. This ensured staff were suitable to work with people in a care setting.

#### Using medicines safely

- Medicines were stored, managed, administered and disposed of safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN' as required medicines were administered to people safely.
- There was an effective double check audit system in place which the registered and deputy manager had implemented. This guarded against the risk of medicine errors and ensured people had their medicines administered safely and as prescribed.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- Regular medicine management audits were completed to address any issues in medicine administration.
- The required GP and Pharmacy authorisations had been sought for people who needed to have their medicines crushed or administered covertly in their food or drink.

#### Preventing and controlling infection

- Personal protective equipment was available for staff who wore it when it was appropriate to do so.
- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff.

#### Learning lessons when things go wrong

- There was a robust procedure in place for reporting accidents and incidents. □
- Information regarding incidents and accidents was discussed with staff during daily handovers and staff meetings. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.



# 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.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access health care services and support. Staff working with other agencies to provide consistent, effective, timely care.

- Relatives highly praised the support and care staff gave to people living at The Tides. One relative told us, "They are really pro-active with their health care... they are checking on them all the time and are really on the case, they care for [person] perfectly." Another relative said, "I couldn't hope for anything better. I have never seen [person] so happy as they are now. The way they interact with them and know them so well. I'm very happy, I really couldn't ask for it to be any better."
- A health professional supplied written feedback that stated, "People are looked after very well...any concerns are always raised immediately to resolve issues in a timely manner."
- There were effective systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare.
- People were supported to have their healthcare needs met, and access healthcare professionals when required. Staff spoke very knowledgeably about people's health needs and recognised the importance of being pro-active in seeking guidance and support from health professionals. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dietitians, speech and language therapists, learning disability nurses, dentists, GP's, chiropodists and epilepsy nurses.
- Effective, collaborative working relationships had been made with health professionals. Staff had worked hard to build effective relationships with health professionals to ensure people received the best care and support. Staff had worked with physiotherapists to increase the amount of support given to one person. This resulted in much shorter and less regular hospital stays for the person and had a major beneficial impact on their health and sense of well being.
- Staff told us of an example where they had acted very quickly in response to a person's health condition. Through their detailed knowledge and experience of the person they had recognised the person was not well and required professional support and intervention. They persevered with their referral and the person was accepted for specialist, additional professional care and support. This ensured the person received the treatment they required and was able to return to their former levels of good health.
- People had 'hospital passports' completed for them. These documents contained summarised relevant information regarding each person to ensure they were cared for safely should they need to go into hospital or move to another service.
- Staff told us their local GP regularly recommended people to live at The Tides and close, supportive relationships had been built with local GP's and health care professionals.

Staff support: induction, training, skills and experience.

- Relatives told us they felt the staff were very well trained and supported people effectively in ways they preferred. One relative told us, "There are enough staff on and no problems with staffing...the staff are very caring and all very competent."
- Staff told us the induction they had received when they joined had been thorough, supportive and useful.
- Staff were very well supported with regular supervision sessions and annual appraisals. Supervisions and appraisals were detailed, thorough and allowed staff to reflect on their roles and encouraged and supported them in their development and learning.
- During the previous year the provider had focussed on career pathways for staff. These had given staff the opportunity to progress in their careers and for them to achieve their personal goals. This had resulted in several members of staff applying to do a diploma and one member of staff had started their Level 5 Diploma in Care Leadership and Management. Development plans had been put in place for staff to support them with their learning and achievements. Staff told us they really appreciated the support and resources that had been put in place for them to achieve this additional development opportunity.
- Staff were encouraged and supported to develop skills in a range of areas that were outside of their normal job role. For example, when conducting out of hours checks the registered manager invited a care worker to join them. This gave the care worker additional skills and the opportunity to see how a different service operated which increased their learning. Staff were then able to draw and benefit from the additional knowledge in future roles.
- Staff took part in a 'policy quiz' which provided an effective and enjoyable method to check staffs understanding of the providers policies to ensure people received effective care and support.
- Training was delivered in a variety of different ways, these included individual one to one training, online e-learning, classroom training delivered by an independent training provider and practical face to face training such as fire safety and training on how to mobilise people safely. One staff member told us, "The training is brilliant."

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

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them. The home had recently been redecorated and people and their families had been involved in choosing the colour schemes, carpets and furnishings, which they had enjoyed. One relative told us, "They have been improving the décor...they have worked on it and it has improved." Another relative said, "Her bedroom has been made very pretty and has all the things she likes in there."
- The provider had extended one person's bedroom. This had allowed more space to enable staff to provide a variety of support and activities for this person. Sensory adaptations and additional fixtures and furnishings had been included in the bedroom which the person really enjoyed. Staff told us since the improvements to the bedroom had been completed, the frequency of their challenging behaviours incidents had considerably reduced. This had resulted in the person being happier, calmer, less anxious and more settled and had led to a major improvement in their overall well being. They had also started to communicate more and were starting to engage more with staff and spend time in communal areas which they had never done before. A staff member told us the change in this person had been, "Amazing".
- Shared communal areas, were comfortable and homely, using the space available to suit the needs of the people. A member of staff, in their spare time had made a sensory flame effect fireplace for the communal lounge. People really enjoyed watching the lifelike flames which also seemed to have a calming effect on them.
- The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed maintenance staff who managed the day to day maintenance of the building.□

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

- Meal times were relaxed and friendly with people choosing where they wanted to eat their meals. People's

choices were respected if people wished to eat their meal in private. People received home cooked meals that were planned to ensure they received healthy, nutritious food.

- Some people liked to help with the weekly shop and with decisions on what meals to plan for the week. Weekly supported trips to the local supermarket helped people to maintain a level of independence which they enjoyed. People's food preferences were recorded and the weekly menu was planned to use their preferred foods. Clear pictorial menus were displayed for people to show what meals were planned for each day.
- The service ran 'food theme nights'. Staff told us these nights were popular with people and allowed people to try different foods and cultures along with relevant arts and crafts they could join in with if they wished. For example, a Mexican night with Mexican food and music with dancing, people could try on different Mexican hats and make flags if they wished.
- People were supported to receive appropriate nutrition and appropriate support was given to people to ensure they could eat and drink as independently as possible. Care plans reflected clear guidance about any specific support people may need. For example, adaptive cutlery and crockery were used which helped people to continue to eat independently which was important for their sense of well-being.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

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

- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments were unique to each person and contained personalised information and guidance for each person that reflected their preferences and wishes.
- Thorough and detailed assessments of people's care and support needs were completed by the service and developed with the relevant health professionals.
- Care and support plans were regularly reviewed and updated in full consultation with people, family and health professionals when appropriate.
- Wherever possible people were supported to be themselves and to live their lives as they wished. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

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

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were met.

- Staff had received training in The Mental Capacity Act 2005 and spoke very knowledgeably regarding how it applied to the people they supported at The Tides.
- Where people did not have capacity to make decision, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

- People's care records continued to identify their capacity to make decisions. People had been involved and had signed their care records to show they consented to their care and support. Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process.
- At each person's annual review their best interest decisions were discussed with everyone present in order for full agreement to be given. People who were unable to attend were sent an e mail by the registered manager in order for them to put forward their views.
- Staff fully considered the impact of any best interest decisions on people and ensured their care and support was tailored to give them the least restrictive support possible. For example, one person had a nil by mouth best interest decision in place due to their high risk of aspiration. Aspiration is when a person accidentally inhales food or drink into their windpipe and lungs. The person used to eat in the past and staff found they showed distress if people ate and drank in view of them. The best interest decision included that staff should avoid eating and drinking in front of this person and avoid taking them to places where people go to eat and drink, such as pubs and restaurants. This has resulted in a major reduction in anxiety for this person which has had a beneficial impact on their health and well being.
- Staff explained another person had not been sleeping well at night, due to their health needs staff had to check on this person each hour through the night. Staff discussed in a staff meeting that the hourly checks could be disturbing the person and asked if there was a better way of staff checking on the person without having to go into their bedroom and disturb them. Staff spoke with the person's family and agreed it would be in their best interest to obtain a picture monitor. This meant staff could check on them safely without disturbing the person's sleep. The registered manager worked with the person's social worker, the Dorset MCA team and the DoLS team to discuss and agree the use of a picture monitor. The monitor was agreed and put in place and the person now has a much improved nights sleep which has impacted positively on their health and well being.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Relatives praised the staff who they said were kind, friendly and caring. One relative told us, "They are really good, it has all been so beneficial for [person]. The staff are always very helpful, they keep me informed and it's all good. I'm very happy." Another relative said, "The staff are friendly and welcoming...there is a friendly atmosphere with caring staff who listen to us." A further relative told us, "The staff are all so amazing they genuinely care. They do everything really well, their general relationship with [person] is key. This home is a breath of fresh air it's all good."
- Equality and diversity discussions took place at every staff meeting and during staff supervisions to ensure staff were given the opportunity to discuss any new ideas or thoughts that could provide a beneficial impact for people.
- Each person had a person centred equality and diversity support plan in place to ensure their disability did not discriminate against them. For example, when planning activities staff checked the venues were fully wheelchair accessible to ensure all people could take part and enjoy the activity.
- There was an equality and diversity champion member of staff employed at the home.
- Staff demonstrated a thorough knowledge of each person, how they preferred to receive their care and support and what interactions worked best for each person. Staff spoke of people with fondness, warmth and genuine concern for their well being and happiness.
- Throughout the inspection we observed staff treated people with kindness, warmth and patience. People were relaxed in the company of staff and smiled, chatted and laughed with them. Staff knew people very well and were attentive to their individual needs.
- Staff offered support and reassurance to people and gave detailed descriptions of how people preferred to communicate and what actions they took to calm people if they became agitated, distressed or anxious.
- People's care and support records reflected their cultural and religious beliefs and staff respected their views.
- The registered manager told us of examples of when staff had gone over and above the requirements of their role. Examples included, staff coming in on their day off to ensure people had all their new clothes properly sorted and organised how they liked them; and staff taking people to special family events and occasions on their day off. This was done so that people would not miss out on important events that they would really enjoy.
- Staff arranged birthday cakes, cards and birthday parties for people if they wished, as everyone looked forward to and enjoyed these events.
- The provider ran an employee of the month scheme for staff that rewarded them with a small financial award which made staff feel appreciated and valued. The registered manager told us about a variety of schemes and awards that were given to staff to thank them, these included, meals out to encourage strong team working, praise for jobs well done, ad hoc gifts for staff to say thank you for them going the extra mile.

The office had recently been reconfigured to enable staff to have more room for them to work in during the night shifts, which the staff appreciated.

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

- Records showed people, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People were supported by staff to make choices affecting their daily care and support. Relatives told us they were kept well informed at all times and felt fully involved in people's care and support. One relative said, "They are very good at arranging visits and keep me up to date with things as they happen...all the staff make sure he is very happy and his needs are catered for."
- The service worked closely with people and their families and people who were important to them to ensure people had their choices and views respected.
- People and their relatives had been fully involved in care and support planning and had been given the opportunity to share information that was important to them. This included information about their life history, important relationships, their likes, dislikes and preferences. Support plans took into account people's disabilities, age, gender, relationships religion and cultural needs.
- Staff explained people's different styles of communication. How they used specific body language to make their views understood. Staff demonstrated a very good knowledge of how people liked and preferred to communicate.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with dignity and respect by a consistent staff team who knew them very well.
- Support and care plans focussed on ensuring people had realistic, achievable goals to aim for. This ensured people were supported to lead as independent life as possible at a pace that was comfortable for them.
- People's privacy was respected. Staff knocked before entering people's bedrooms to maintain their privacy and gave good examples of how they ensured people's privacy and dignity was maintained.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service and staff demonstrated a person-centred approach which was reflected in the assessments and care and support plans people received. People's assessments were detailed, person-centred, regularly reviewed and supported staff to understand people's strengths and weaknesses. The assessment provided clear guidance for staff to ensure people received individual care and support.
- People had detailed, individual care and support plans. These focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.
- Staff told us communication within the home was very good. Handovers were completed at the start of each shift and there was a communication book that held all the details staff needed to know to care and support people well.
- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard. Staff showed us how the use of photos and videos on electronic tablets provided enjoyment for people who loved to see themselves enjoying their activities and outings in the community.
- Staff told us how they had focussed on improving one person's communication skills and encouraging them to spend time with people to prevent social isolation. Staff had developed ways to encourage and support them to communicate. This had resulted in the person talking and engaging with staff and people and increasing their vocabulary and spending much more time with people which benefitted their health and well being. Their relative told us, "[person] doesn't like change and in the past it has been a challenge to get them out and about but the staff have done so well ...it is a real achievement to get [person] going out and enjoying themselves."
- Staff showed us the sensory stories that had been completed for people. These were stories that were told at the same time as people experiencing different senses. For example, a story about taking a walk on a beach would include sand for people to feel and touch, a fan to provide a gentle sea breeze, recorded sounds of seagulls and birds and water to splash and feel on their skin. Other stories would use dry leaves for people to crinkle in their hands and flowers to smell and enjoy.
- The provider ran 'Your Voice' meetings for people to attend if they wished. These were recorded in a photograph format so all people could see what had been discussed.
- There was a system in place to record daily interventions with each person. The entries reflected all the action and interventions the staff had supported each person with and gave a clear record of events or incidents and action taken that had occurred.
- People were supported to take part in a wide and varied range of activities they enjoyed, each person had their own individual activity schedule which was planned to ensure people could benefit from as many activities as they wished to participate in. The provider had supported five people to obtain their own their own disability car which allowed staff to take them to places of interest and to activity centres if they wished.



Daily activities formed a large part of people's lives and included, individual aromatherapy sessions, swimming, library trips, church visits, cinema, trips to Longleat, Portsmouth city centre, Brownsea Island, motor museum, picnics, shopping trips, meals out and special events like craft fairs and fates.

- Staff had organised a holiday for people which they were all looking forward to. One relative told us, "They have sorted out the holiday and arranged it which is great. It's fantastic that it's sorted they will look forward to that."
- The provider had systems in place to ensure people received responsive care and support. For example, sensors and alarm mats were in place to alert staff if people were leaving their bedroom to make sure staff could support them safely to mobilise around the home. Some people had listening devices in their bedrooms which alerted staff if people needed support quickly and ensured staff could support these people responsively and safely.

Improving care quality in response to complaints or concerns.

- The provider had a clear complaints policy which included a pictorial version. Relatives told us they knew how to make a complaint and were confident any concerns would be addressed. One relative told us, "If we have any problems, we have been listened to and things have been sorted out." Another relative said, "I know who to complain to, I have had some concerns in the past but these have been sorted out quickly."
- The provider had received two complaints since the previous CQC inspection. These had been actioned in accordance with the providers complaint policy.
- Most people living at The Tides were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew people were feeling by their facial expressions, body language and their behaviour and explained how they responded to them at the time to try to resolve any issues.
- People and relatives were encouraged to have their say about the service they or their relative received, this ensured any improvements or concerns could be raised and practical solutions implemented.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- Staff were in the process of obtaining completed end of life wishes documentation from GP's, health professionals and relatives. This would ensure people received care and support in the way they wanted at this time of their life.



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Relatives, health professionals and staff told us they felt the service was well led, with a clear management structure in place. One relative told us, "It's a very good home. It's all good we are very pleased... they keep us up to date and let us know if there are any problems".
- Staff and relatives spoke very positively about the service and felt there was a friendly, relaxed, caring, supportive culture at The Tides.
- The service had a motivated staff team who spoke passionately about their roles. Staff told us they felt very well supported in all areas of their employment by a management team who were approachable, friendly, open and professional. One member of staff told us, "I am very happy with this service...the staff team and managers makes all the difference, they are all so approachable and explain everything so well and so friendly...I think they are the best managers." Another staff member told us, "I love it, I genuinely love this job...it's all about being person centred and for the people to have the best life they can. We are very pro-community they go out all the time and go to every day places...it's very important, it's all about individualism."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- Notifications to CQC as required by the regulations had been appropriately made.

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

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon. Written comments from the recent quality assurance questionnaire included, "Support workers are very good and give excellent care...staff demonstrate a caring and person-centred approach." And, "Manager appears very competent and approachable...staff communication is very good, staff are polite, professional and helpful."
- The service had received many thank you letters, cards and compliments. A staff member had reviewed the

comments and had written, "The manager has received half the compliments in the book so far, pretty mammoth achievement when there are 20 people working at The Tides. The manager has received 50% of the whole house's praise...she is a very talented manager."

- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Regular staff meetings were held to keep staff up to date with changes and developments within The Tides and the people who lived there. Meeting minutes were clear, detailed and made available for all staff. This ensured any staff that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care.

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained. In addition to the audits there was a system of monthly out of hours checks that were conducted by registered managers from neighbouring services within the Harbour Care (UK) Limited group. This had proved an effective method to manage the process of continual improvement and quality assurance and enabled any potential areas of improvement to be quickly highlighted.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

Working in partnership with others.

- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from the variety of health care professionals had made positive impacts on the lives of the people who lived at The Tides.
- The registered manager was given the opportunity to meet regularly with their peers within their provider network. This allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.