

Harbour Care (UK) Limited

Coral House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Coral House is a residential care home providing personal care to people with mobility needs, dementia, learning disabilities and/or autism. The service can support up to seven people and comprises two separate bungalows next door to each other; these are referred to as Coral 1 and Coral 2. They have separate entrances but access to the other houses can be gained through a side gate. At the time of the inspection three people were living in Coral 1 and two people were living in Coral 2.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills. Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. 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 received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

A new deputy manager had been recruited since the previous inspection. Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, deputy manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 18 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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.

Coral 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.

Inspection team

This inspection was completed by one inspector.

Service and service type

Coral House 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 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 was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection

We met with three people who used the service. We spoke with the registered manager, deputy manager and quality improvement lead. We met with five staff including support workers and agency staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety, quality audits and feedback questionnaires.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We looked at training data and policies. We spoke with two professionals who regularly visited the service and two relatives to gather feedback from them.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, falls and accessing the community. One person said, "I feel safe when I am being hoisted. Staff know what they are doing".
- We found positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Physical interventions were occasionally used by staff with some people living at the home. Staff had all received appropriate training and confirmed interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Regular fire and health and safety checks were completed by the management team. These were up to date and accurate.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- There was a grab bag situated by the front door which held important information about people, and equipment such as foil blankets and torches.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yes, there are they are all very nice". A staff member commented, "There are enough staff with agency top up. 1:1 hours are always met".
- The registered manager said they monitored the amount of staff needed based on people's needs and their activities and appointments. The registered manager explained that they were in the process of reducing the number of support hours for one person whose independence had improved.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity. The quality improvement lead told us that incidents were also shared with them to review and analyse.
- Learning was shared with staff during supervisions and staff meetings. During a review of staff meeting notes we found that lessons learnt were discussed. A staff member said, "We are an open team who are

always reflecting on practice and willing to learn".

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- We asked a person if they felt safe with staff. The person said, "I feel safe living in this house and I like my house mates". A relative told us, "[Person's name] is safe at Coral House and they appear happy, always look clean and well cared for".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were posters displayed in the hallway and office informing people and staff how they could report any allegations of abuse. These were supported by pictures to make the information easier to understand.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records (MAR) were completed and audited appropriately
- The service had safe arrangements for the ordering and disposal of medicines. Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- There had been several recording errors by staff since the pharmacy changes from blister packs to original packaging. The management was establishing measures to reduce reoccurrence. We found nobody had come to any harm as a result of these errors.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. However, the porch area at the main door to Coral 1 was dirty and had several cobwebs. A relative said, "The porch is full of cobwebs which doesn't set a good first impression". We discussed this with the registered manager who told us they would clean it.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We use different colour mops and chopping boards".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Hand washing signs were visible above sink areas.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.

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 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; Staff working with other agencies to provide consistent, effective, timely care

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.
- The management worked effectively with other providers to gather appropriate information about people before they moved into the service.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "The training is very good here. There is a mix of classroom and online. We also have opportunities to do additional training including diplomas in health and social care". A professional said, "I think staff are competent in what they do. Staff have such a great rapport with people there".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Agency staff received inductions to the home before working shifts. An agency worker told us, "When I did my first shift the deputy took me through an induction check list and told me key things about the people. It was really useful".
- The registered manager told us staff received annual appraisals and regular 1:1 meeting. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.

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

- People told us they enjoyed the food at Coral House and some liked preparing meals. One person told us, "I choose what I want to eat. It's nice food here. I like scampi and chips". The person went onto say, "I like cooking and do food prep here".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.
- People took part in choosing meals. The menu was displayed in the kitchen area and was visual to support people to understand what the meals looked like.

- Staff and the registered manager told us alternative dishes were made available should people prefer something different on the day.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; learning disability nurses, GP and dentist.
- A health professional said, "Staff know why I am visiting when I am here. I'm always made to feel welcome".
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People told us they liked their home and felt comfortable living at Coral House. People had the opportunity to choose their room colours and furniture. One person was in the process of choosing a new colour for their room and had different colour testers on their wall.
- We read that an action from the most recent people's survey was from a person who wanted more lights around their bed head. We found that this had been met and the person told us how happy they were with them.
- In Coral one there was a kitchen area which led into an open plan living and dining area. In Coral two there was a separate kitchen and an open plan living and dining area.
- Coral two had an annex attached to it. The person had their own living area, bedroom and bathroom with access to a private patio area.
- The registered manager told us they had just started to display new signage around the home to support people who had early dementia navigate around Coral one. The registered manager went on to say they were looking at redecorating the communal areas to make them more dementia friendly.

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 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, and some hospitals, 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 being met.

- People at Coral House were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, use of equipment and finance.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Two people had an authorised DoLS in place and three further applications had been made to the relevant

local authorities. No conditions were attached to the authorised DOLS.

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

- Coral House promoted people's equality. Each person had an equality and human rights profile in their file. Training records confirmed all staff had received training in equality and diversity.
- The profiles identified people's protected characteristics, reflected their rights and what was important to them. For example; disability, right of access and use of wheelchair. These also raised staff awareness around treating people with dignity and respect and supporting them to exercise their human rights.
- People, professionals and relatives told us staff were kind and caring. One person said, "Staff are nice and caring. They [staff] look at me when talking and come down to my level". Relatives and professionals' comments included; "Staff are definitely kind and caring", and "Staff show nothing but respect and kindness for people. This is always lovely to see".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- The home had received several compliments. One, from a relative read, 'We have noticed how much easier [person's name] has found walking since losing weight. We thank you so much for your work with [name] with that'.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- A person said, "Staff let me make my own choices and decisions. I can go to bed and get up when I like. They [staff] give me options like meals, outings and stuff". A professional told us, "Staff take people's choices into account and enable them to make decisions".
- People and relatives were pleased with the care delivered at Coral House.
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. Staff told us that, at times, people liked tasks done for them however, they used approaches which encouraged people to engage and do things for themselves.

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

- The service acted quickly in response to people's changing needs. For example, one person had been showing signs of ill health and unusual behaviour. The staff sought support from professionals and persisted to support the person in their best interests.
- Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. The registered manager told us regular review meetings took place with the local authorities, families and people.
- A relative told us, "We are involved in meetings. These are centred around [person's name] and always celebrate what they have achieved".
- People were actively involved in the planning of their care via weekly meetings.
- On day one of the inspection we observed the registered manager discussing housing options with one person and giving them support to complete a form for themselves.

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 access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans.
- Throughout the inspection we observed people being supported to access the community.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in. A person told us, "I go to an activity centre across the road every week. Today I made this vase. I have made coasters and cards before too. I really like going there".
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. A relative said, "Staff have worked really hard to improve [name's] social skills. They are now taken out into the community more and enjoy social activities".

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's communication needs were identified, recorded and highlighted in care plans. People had care passports in place. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met. A relative said, "Staff are taught Makaton signs. This really helps meet people's additional communication needs".
- Copies of information and procedures were also available in easy read format. For example, safeguarding. Other easy read documents included hospital passports and health action plans.

Improving care quality in response to complaints or concerns

- Coral House welcomed complaints. The deputy manager told us, "These are an opportunity for learning".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints. We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "If I had a complaint I would talk to [registered manager's name]. They always listen to me". A relative told us, "I have never had to raise a complaint but know it would get sorted if I did".
- An easy read version of the complaint's procedure had been created for people who required additional support to understand information.

End of life care and support

- People's end of life wishes had started to be explored by the service.
- The deputy manager told us some discussions had taken place with families and some people had funeral plans in place. These included preferences and wishes.
- The registered manager and deputy manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told further discussions would take place with those that had capacity and families for those who lacked capacity.

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 requires improvement. At this inspection this key question has improved to good. 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

- There had been management changes since our last inspection. The role of senior support workers had been removed and a full-time deputy manager had been recruited. The deputy had been in post since December 2018 and had proved to be a positive addition to the management at Coral House. The registered manager and staff spoke highly of them.
- A professional told us, "I have worked with Coral House for years since the current registered manager and new deputy manager took over. Improvements are great. This new structure works very well".
- The registered manager promoted an open, person-centred culture and had a passion for inclusion and making a difference to people. A staff member said, "It definitely a friendly, open culture here. We are always willing to learn and are very welcoming". On several occasions during the inspection we observed people and staff accessing the manager's office and having positive open discussions.
- Staff, people, relatives and professionals were positive about the management of the home. A person told us, "I like the registered manager. I can have a good laugh with them". A relative said, "I think [registered manager's name] is amazing. They listen and really care about [person's name] and others".
- Staff comments included, "The registered manager is really good, I can approach them with anything. Same for the deputy. If I need something explained they are really good at doing that" and, "The deputy manager is one of the best I have come across. They are very competent in their role and always approachable".

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

- The registered manager understood the requirements of duty of candour. The registered manager said, "This is about acting with integrity. Acting in an open and honest way, apologising and learning when things go wrong".
- We found that the service had recently followed the principles of the duty of candour following recent medicine errors. No harm had been caused but apologies were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff are kept well informed and involved in changes. For example, we are asked for our views and opinions and people are asked for theirs too".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The management team demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the registered manager and deputy manager to make sure people were safe and that they were happy with the service they received. These included unannounced night spot checks.
- Regular areas audited included; care files, staff supervision and personnel records, health and safety and an environmental walk around.
- On day one of the inspection the Quality Improvement Lead (QIL) was at the home to discuss findings from their recent visit and discuss learning following the medicine errors. The QIL told us they regularly visited services in the area and worked with managers to ensure quality care was delivered and sustained.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.

Working in partnership with others

- Coral House worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the intensive support and learning disability teams.
- Professionals fed back positively about partnership working with the home. A professional said, "The deputy manager really is very good. We have recently worked together and review meal plans. The deputy has put these into an easy read format to support people understand them".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.