Tamaris Healthcare (England) Limited

Harbour View Care Home

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

This was an unannounced inspection that took place on 27 September 2018. The service was last inspected in 2015 where there were no breaches in regulation seen and the home was rated as Good.

At our last inspection in 2015 the location was rated 'Good' overall. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Harbour View Care Home 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 care home accommodates up to 50 people across two separate units, each of which have separate adapted facilities. There were forty five people in residence when we visited. People living in the service may have complex physical or mental health needs or are living with dementia and they need the support of trained nurses.

The home had a suitably qualified and experienced registered manager who had both a nursing and social care background. 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Accidents or incidents management was of a good standard.

The registered manager and her senior team kept staffing rosters under review as people's needs changed. We judged that the service employed enough nurses and care staff by day and night. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles. Nursing staff told us they were given time and opportunity to keep their practice up to date.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. Any issues were dealt with promptly and appropriately.

People in the home saw their GP and health specialists whenever necessary. Where necessary nurses in the home would liaise with external specialist nurses and consultants. The staff team had good working relationships with the local health and social care teams in the area.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were satisfied with the food provided and we saw suitably prepared meals being served. Nutritional planning was in place and special diets catered for appropriately.

Harbour View Care Home is a purpose built home. It had suitable adaptations to ensure people were safe and had enough personal and shared space. The house was warm, clean and comfortable on the day we visited. Suitable equipment was available.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People 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 who lived in the home told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments, nursing plans and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and many had influenced the content. The management team had ensured the plans reflected the person centred care and nursing that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

Staff took people out locally and encouraged people to follow their own interests and hobbies. We saw evidence of regular activities and outings for people.

The service had a comprehensive quality monitoring system in place and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had evidence to show that the registered manager and the operations manager were able to deal with concerns or complaints appropriately .

Records were well organised, easy to access and stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Harbour View Care Home

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 27 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor who was a registered nurse. The team also had an expert-by-experience to support them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The team were experienced in the care of vulnerable adults including people living with dementia and people with nursing needs due to chronic ill health.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information. We used a planning tool to collate all this evidence and information prior to visiting the home.

The team met all of the forty five people in the home on the day and spoke in some depth with sixteen of them. The team spent time talking with people, the staff and visitors. We also spent time in shared areas simply observing the life of the home. We spoke with nine relatives and friends who were visiting the home.

We read ten care plans in depth and looked at daily notes related to these care plans. We looked at other files related to life story planning and activities. We also looked at records of medicines and checked on the stored medicines kept in the home.

We saw risk assessments and risk management plans for generalised risk and for behavioural issues. We

looked at moving and handling plans and charts that helped staff record care delivery.

We met the registered manager and a registered manager from another home owned by the provider, the operations manager, eleven care assistants, two nurses, the cook, the maintenance person and two domestic staff. We talked with them in small groups or individually. We looked at six staff files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files and on two other files. We discussed nursing portfolios with nurses and nurse managers on duty and we saw two portfolios for clinical health assistant practitioners.

We saw rosters and records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits during and after the inspection.

Good

Is the service safe?

Our findings

We met people in the home who told us they felt safe under the care of the staff team. One person told us, "I am fine here...quite safe", another person said, "There is enough staff and they do come if you call". Yet another person told us, "There are enough staff and they look after us well...".

Some people who used the service were not always able to explain how safe they felt but we saw that they were relaxed in the home and with the staff. We met visiting relatives and professionals who confirmed that people living with dementia were kept as safe as possible. A visiting relative told us, "I know what to look for, I have no worries about [my relative] being here at all".

Staff were suitably trained in understanding harm and abuse. Safeguarding matters were discussed in supervision and in team meetings. We had evidence to show that the management team would make safeguarding referrals, if necessary.

Good arrangements were in place so that staff could 'blow the whistle' if they had any concerns. Staff told us they were able to talk to the registered manager about any concerns. One staff member said, "I wouldn't have a problem going to the manager... or above her if I needed to, but don't need to !"

We saw rosters for the four weeks prior to our inspection and spoke with nurses and other staff who told us there was sufficient staff to meet people's needs. Rosters showed us that there was always a trained nurse on each unit in charge by day and night. On the day of our inspection there were nine care staff and two nurses looking after the people on both units. Suitable levels of catering and housekeeping staff were on duty every day. We noted that the registered manager would deliver care and support where necessary. The service also employed an administrator who supported the management task.

Staff were trained in understanding human rights and matters of equality and diversity. Staff could also talk about the balance between individual rights and the duty of care. We also noted that this was reflected in the way staff worked with people and the way care plans and notes were written. Staff confirmed that they could meet individual cultural preferences.

The team also understood that some people, due to the disorders they lived with, needed to have their rights managed for their own safety. Detailed risk assessments and risk management plans were in place. We also saw best interest meetings had taken place and that some people had formal reviews of risk completed by psychiatrists, psychologists and/or social workers.

We walked around the building and found it safe and secure. Good infection control measures were in place. A relative said, "The place is bright and always clean". We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. The expert by experience told us "I observed staff using personal protective equipment when going to give personal care to service users. There were equipment stations and hand rub dispensers throughout the home".

We spoke with the maintenance person and the registered manager who confirmed that the provider invested in improvements and updates to the environment. This ensured the home was as safe as possible. The service had a good contingency plan in place for any potential emergency.

Accidents or incidents had been reported to the Care Quality Commission. The senior staff understood the policies and procedures around this and understood how they would deal with these. The registered manager logged and analysed any on-going incidents or accidents and would risk assess behavioural issues or things like falls or recurrent illnesses. The staff told us they used a 'lessons learned' approach after incidents and ensured the team had a de-brief.

We looked at recruitment files and spoke to staff who confirmed that background checks were made prior to new staff having any contact with vulnerable people. We looked at personnel records and these were in order. The registered manager told us that she had good support from the provider and other registered managers if any disciplinary matters needed to be dealt with.

We checked on medicines managed on behalf of people in the home. These were kept securely with good recording in place. Nurses ensured that they kept medicines under review and for some people reviews with consultants or other specialists ensured people got appropriate medicines. We saw that one person was shortly to have a review by a specialist consultant because some medicines were no longer needed. Good monitoring of administration was in place with nurse training and competence checks being undertaken. Any problems with medicines were seen and dealt with quickly. Our specialist adviser judged that good medication optimising was in place with very little reliance on sedatives or strong medications.

Staff had suitable training in infection control and access to protective clothing and equipment. We walked around all areas of the home and found it to be very clean and hygienic. Staff could explain cleaning routines and chemicals to use. We saw good stocks of aprons, gloves and chemicals to ensure any infections did not spread.

We had a number of conversations with staff at all levels who could talk about how the delivery of care and the systems used in the home were routinely discussed. We noted that 'lessons learned' was part of the 'find it and fix it' culture in the service. We saw evidence to show that lessons had been learned in relation to care delivery, systems and staff deployment because the registered manager kept the management of the home under constant review.

Good

Is the service effective?

Our findings

We looked at assessments for people on admission and as part of the on-going care delivery. We noted that the registered manager or one of the nurses did a full nursing and care needs assessment, often with a social worker or other professional, before a person came to the home. All aspects of a person's needs and preferences were considered, without discriminating against them. Any legislation around the placement would be recorded and given appropriate consideration when planning care delivery.

We noted that any changes were quickly reassessed. This related to general risks and to individual needs. A relative told us, "The other day one of my family members was worried after visiting and rang me so I rang up the home and by dinner time [my relative] had been seen, reviewed and reassessed and they had rung to let us know the outcome. I can't fault them".

Assistive technology could be accessed to allow staff to monitor people, whilst protecting their privacy. We saw special alarms were used to allow staff to summon help. We also noted that the home had environmental adaptations to keep people safe. People told us, "The staff come quickly when you ring or any alarm goes off".

Consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. We saw good details of how people had been consulted and advised, where appropriate. We observed staff asking people and giving them options about their lives. We also saw that, where appropriate, people were asked for both formal and informal consent. We spoke with both relatives and people in the home who confirmed that consent was always sought. We also heard staff asking for informal consent as they did their work.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. When people lacked capacity to make major decisions the team had undertaken 'best interest' reviews with social workers and, where appropriate, family members. This had been done where people were living with dementia or other mental health conditions. The team had considered that some people were being deprived of their liberty to ensure they were kept safe.

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. This was confirmed by our specialist advisor who looked at the documents related to the arrangements made under this legislation.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that authorisations were in place, where necessary, and that staff supported those people in the least restrictive way possible to comply with the authorisations.

New applications had been completed and the team were waiting for updates and approvals.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, the ageing process, specific ill health conditions, health and safety and person centred thinking. Nurses and CHAPS [Care Home Assistant Practitioners]were trained in managing medicines and their competency checked regularly. Staff were trained in moving and handling and we met one of the care staff who co-ordinated this in the team. We learned that staff had regular updates and had their competence checked. Staff had effective induction, supervision, appraisal and training. Nurses were given time and support to maintain and update their skills in things like wound management, nutrition and the use of specialised equipment.

We spoke with visiting health care professionals who said that nursing staff, "Could handle any situation". Another professional told us, "They give fantastic nursing care...very good at pressure care and at recent support for specialised renal care".

We looked at menus and nutritional planning. We went into the kitchen, checked on food stores and spoke with the catering staff. They told us they were undertaking training to gain further qualifications and had received training on how to present pureed foods in an appetising way. The advice of dieticians and other professionals was followed, when necessary. The cook knew how to fortify foods for people who had lost weight and how to support people who needed to loose a little weight. We spoke with one person who told us, "I needed to lose weight and have had a lot of support from the care staff and the kitchen. The nurses help me to do this safely given my health problems." Some people thought the menus were a little repetitive but we were told that the menu planning was under review by the provider.

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to good health by supporting them to choose healthy options. People saw their GP, opticians, chiropodists, consultants and external specialist nurses when appropriate. We met with visiting health care professionals on the day and they told us that the service gave very good nursing care and communicated well with other health professionals. One of these health care professionals confirmed that, "The nurses and the manager communicate well with us and ensure the team follow our guidance. We get appropriate responses from all the staff".

Harbour View Lodge is a modern, specially designed nursing home and everyone had a single room with ensuite facilities. Shared areas included comfortable lounge and dining areas. People enjoyed using these shared areas and several people said they liked to look out of the windows that looked over Whitehaven harbour and the sea. This helped people to socialise and to spend time in their own private space. The home had a range of specialist equipment to help people with restricted mobility or other needs. There were suitable adapted bathrooms and shower rooms.

Good

Is the service caring?

Our findings

We met assertive people who were keen to tell us about their experiences of living in the home. People said, "The staff are all very good" and "They treat you well". One person said, "They respect my choices and my beliefs and they treat me like their equal". People told us that the staff cared about them and were polite and pleasant. We noted mutual respect between people in the home and the staff. People asked staff, "How are you?", "Did you enjoy your days off?" and "How's the family?".

We also met some visiting friends and relatives. One person said, "We are over the moon...can't fault the care. From the first day everyone was made to feel part of the family here". Another visitor said, "[My relative] is a totally different person here...nothing is too much trouble. We were told they were going to make [a particular problem] their priority and they have done that...so much better". Visitors also said, "The manager is approachable and makes sure we know what's happening...she is above ten out of ten...spot on!"

We spent time just observing how staff interacted with those people who found verbal communication more problematic or where people did not wish to engage with members of the inspection team. We observed people responding warmly to staff. People made good eye contact with the staff and were relaxed with any interventions we witnessed. People responded well to staff guiding and supporting.

Staff could talk about people's preferences and routines. They told us how they would support people who became upset or disorientated. There was good guidance in care plans and staff also had one page 'reminders' prepared by nurses that helped them to follow the necessary routines. We saw that the work to be done was organised and things ran smoothly on the day of our inspection. Interactions were done with care and at a pace which people responded to.

We spoke with visiting professionals who were satisfied with the attitude and approach of staff. They told us staff handled complex and sensitive needs "Very well ...and the team deserve high praise".

Staff displayed appropriate values when talking about people in the home. They told us how they would support people with differing cultural, social and sexual preferences. The staff team spoke about people with warmth and affection. They were clear and objective when discussing the individuals they supported and no one made any judgemental statements. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring. Staff told us that the registered manager ensured the team had appropriate supportive relationships with people. We also noted that the management team ensured that staff relationships with people had appropriate boundaries.

Staff understood the need for confidentiality and privacy. Staff gave examples of how they encouraged people to maintain their dignity during personal care support. People were given their own space and privacy. Staff knocked on doors and introduced themselves and then explained the intervention and options.

People could be helped to access independent advocates where necessary. Some people had relatives who

would act as advocates on their behalf. The staff team worked with families in an open and appropriate way. A relative said, "We are made so welcome here... staff know how important family is".

We heard staff giving people information and choices about decision making. Staff helped people in a manner that reflected each person's needs. The pace, timing and content we observed met each person's needs and choices appropriately. We observed one of the nurses explaining a situation to one person who had become distressed. This situation was handled really well and the situation was diffused because of the careful intervention of this nurse.

People were encouraged to be as independent as possible. Sometimes this was difficult for the person but as one person said, "I can't do as much as I used to but I can still make my own decisions". We saw that, where possible, the promotion of independence was written into care plans.

Good

Is the service responsive?

Our findings

We looked at a range of care plans for people with different needs. We saw that full assessment of nursing, care and support needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. The nursing and care assessments and plans were detailed and comprehensive. People had signed their care plans, where possible. A visitor told us, "[My relative] has been so much better since they have been in here. They came in from hospital, everything was in place when they came in, all the care plan and such and they are brilliant at telling us if there is anything wrong". Another relative told us, "I come in for reviews of the care and the planning as [my relative needs support]". We also saw that each bedroom had a file called, 'Living my choices' that the person and their families, the care staff and nurses could all add to. These folders gave details of people's preferences and also a picture of their previous lives and the involvement of family and friends. Each person also had a daily log of activities and achievements that they could share with families, if they wished.

Our expert by experience looked at activities and entertainment. We noted that there was an activities board which listed various activities including quizzes, pamper days, cards and dominoes, floor games, arts and crafts, bingo, music for health, baking, reminiscences of old Whitehaven, board games, flower arranging and fit for life. There were photographs of various activities that people had taken part in. The table centrepieces had been made by some of the residents. One of the visiting relatives confirmed that staff took people out where possible. They told us, "[My relative] was out in the town the other day. They took him out in his wheelchair and my sister saw him and nearly had a heart attack because he had been bedbound prior to recently being admitted but they get him out and involved". We also met with someone who told us they went down to town to go to Bingo with a relative, "Like I used to...".

People told us, "There is plenty to do". Several people mentioned the activities organiser, "She does all the entertainments and is fabulous, she gets great people in, it's wonderful, I can't fault it". There were TV's in communal areas and people had the remote controls and switched them on or off as they wanted. There were books, DVD's and music in communal areas. Bedrooms were personalised and some people enjoyed spending time in their rooms. There were TV's, music centres and lots of books and magazines. Some people users had laptops and tablets connected to the internet. Several people had landline telephones or mobiles. The team also noted that the upstairs unit was 'dementia friendly' with carry dolls and other things to capture people's interest. There were suitable tactile blankets and activity boxes that people could access.

No one in the home at the time of our visit used specialist forms of communication like British sign language or braille. Nurses told us that they would assess the need prior to admission and could access training from the provider or local specialists if necessary. There was suitable support for the communication needs of people living with dementia.

The service had a comprehensive complaints and concerns policy and we had evidence to show that the registered manager, the operations manager or other senior managers employed by the provider could all be involved in investigations if necessary. One person said, "Never complained but would tell the nurses and

the manager and it would be sorted".

Staff were trained in anti-discriminatory practice and we saw that they were aware of people's needs and preferences. Staff made no difference to the way they treated people or the choices they offered them. We saw that people were treated very much as individuals.

This team were very experienced in end of life care as they cared for people with chronic and enduring illnesses that were often life limiting. One of the unit managers explained how she supported other nurses to keep up their skills in administration of end of life medicines and how they looked holistically at the needs of the dying person and their families. Care staff had received suitable training in this and we spoke with staff who told us how they supported people. We saw thank you cards and letters from families praising the staff for their care. We spoke with a relative of a person who was at this stage. they told us, "The nurses and carers are brilliant. They always ring me and keep me informed. We trust [their ability and competence] completely". We also spoke with a visiting professional who told us about the care and attention given to a person at the end of life and how they "Looked after this person after death and made sure all arrangements were suitable and dignified".

Good

Is the service well-led?

Our findings

The home had a suitably qualified and experienced registered manager who was registered with the Care Quality Commission. The registered manager had extensive nursing experience and had training and experience in strategic and operational management. We had confirmation from the operations manager that the provider was very satisfied with the way she was managing the service. We noted that people using the service and the staff sought out the registered manager and this showed us how closely involved she was with the work of the service. We judged that she had pride in the home and a genuine concern for all the people who lived there.

We had positive responses from health and social care professionals who told us that the registered manager ensured the home worked effectively and efficiently for the good of people in the home. One person told us, "[The registered manager] ensures that the team work with us for the good of the service users". The registered manager ensured that any notifiable incidents were reported to the Care Quality Commission in a timely and appropriate fashion. We also learned that the time made sure they informed health and social care professionals of any incidents or unmet needs.

Staff and people in the home judged that the registered manager created an open culture where they were valued and respected. The registered manager was aware of up to date good practice in nursing care and the care of people living with dementia. The staff we spoke with told us that they were happy in their role and that the team work was good. One staff member said, "It is so much better than where I worked before. It's still long hours and hard work but it isn't so hard when there is a good bunch of girls and a decent boss".

The service had a quality monitoring system in place. People in the team - nurses, care staff and ancillary staff - told us that the registered manager followed the provider's 'Find and fix' approach in all aspects of the operation. We noted that when issues arose swift action was taken to deal with the problem. Improvements were made as a result of on-going quality monitoring in the service. For example, the secure garden area had been enlarged as a result of people giving their opinions to the team. People in the home or their families could use a feedback 'tablet' to give their opinion at any time. We learned that the activities organiser routinely supported people to use this feedback method.

There were regular internal and external audits of quality in place. Surveys were sent to people and families and other professionals involved in the care of the person. We saw audits of care planning, audits of medicines management and records of things like accident analysis, maintenance of equipment and personnel records' reviews. The inspection team judged that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service that valued people.

Records were easy to access and simple to understand but recording was in enough depth to reflect on the well run systems in the home. Both electronic and paper records were stored safely to protect confidentiality.

The registered manager ensured that any notifiable incidents were reported to the Care Quality commission

in a timely and appropriate fashion.