Harbour Care (UK) Limited

The Dunes

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
The Dunes is a residential care home providing accommodation and personal care for up to four people with learning disabilities. The service is a single-floor bungalow with a large rear garden. There were three people living at the home at the time of the inspection.

Services for people with learning disabilities and or autism are supported
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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.
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 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
Staff knew what signs and symptoms could indicate people are experiencing abuse or harm. Staff felt confident management would listen and act if they raised concerns. There were enough staff to keep people safe and meet people's individual needs. Staff had a good understanding of people's individual risks and how to minimise them without being unduly restrictive. There were robust processes in place to ensure the safe recruitment of staff.

People were supported by staff who had received the necessary training and ongoing support to help them meet their diverse needs with confidence. Staff competency was monitored on an ongoing basis through observation, regular supervision and appraisals.

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.

The service consistently 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.

Staff understood the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people there. This provided protection for people who do not have capacity to make decisions for themselves.

Staff interacted with people in a consistently kind and caring way. There was a relaxed and friendly atmosphere at the home. People were given time to interact at their pace using their preferred means of communication. Staff responded to people with patience and understanding. People's right to privacy and dignity was respected at all times.

People's support needs, abilities and desired outcomes were identified, assessed and monitored in personalised care plans. People were encouraged and supported to maintain relationships with relatives and friends and socialise in their local community. Staff demonstrated a good understanding of the people living there and created opportunities for maximising their independence and life skills.

People's care needs were monitored and regularly reviewed. The provider had established good relationships with health and social care professionals and relatives who were consulted and involved. Relatives felt listened to and involved in their family member's lives.

People's desire to socialise and participate in meaningful activity was met through a varied range of activities tailored to their tastes and abilities. This enabled them to lead full and active lives. The support people received recognised their needs as individuals and as part of a small community of people living in the same home.

Staff felt motivated and supported by their colleagues and the management; telling us the staff team were "like a family." The manager had the skills, knowledge and passion to manage the service and work with staff and the provider to identify where it could be improved. People, relatives and staff were frequently consulted with their feedback used to influence what happened at the home.

A range of audits and checks helped ensure service quality was maintained and areas for improvement identified. Learning was shared with staff and used to develop the service.

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 good (published 10 March 2017).

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.

The Dunes

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
The inspection was carried out by one inspector.

Service and service type
The Dunes 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 did not have a manager registered with the CQC. A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the manager had been in post for two weeks and had started the application process to register with us.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, quality improvement lead, senior support worker and support workers. We also spoke with two regular agency workers.

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

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 policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, an internal development plan and governance meeting minutes. We spoke with one relative and one healthcare professional who visits the service.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who understood their safeguarding responsibilities, what signs may indicate a person was experiencing harm or abuse and how to raise a concern both internally and to external agencies such as the police or local authority. One person told us, "I feel safe." A relative said, "[Name] is safe at The Dunes."
- People had personalised risk assessments with their risks known and met by staff. These covered areas of their lives including behaviour that could challenge the service, risk of urinary tract infections, travelling in vehicles and swallowing difficulties.
- Where needed, people had positive behaviour plans in place. These guided staff on how best to support people at these times. A healthcare professional commented, "They are very good at de-escalating situations. They know the trigger signs."
- General risks in the home environment were identified and minimised. Monthly checks covered areas including water temperature, fire equipment and systems, portable appliances and signing in procedures.
- The home had a summer heatwave plan on display. Staff were observed supporting people to apply sun cream and wear appropriate clothing and headwear when enjoying time in the garden.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- Accidents and incidents were recorded and analysed to help determine triggers and themes. This helped to reduce the chance of a reoccurrence. The manager reviewed all incident reports with learning shared via staff handovers, supervision and team meetings.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely way. On occasions people required an increase in staff support hours timely discussions took place with local authority commissioners.
- There was a stable and long-standing staffing team which meant people living there were supported by staff familiar to them.
- The provider had robust recruitment practices in place. This helped ensure people were supported by staff with the necessary skills and character required.

Using medicines safely

- Medicines were managed, administered and stored safely. Medicines were stored in locked cabinet's in people's rooms.

● People were supported with their medicines by staff who had received the necessary training and competency assessments.
● Where people were prescribed medicines that they only needed to take occasionally (referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. On occasions where people displayed behaviour that could challenge, staff offered PRN medicines only as a last resort; with use recorded and analysed.
● The service worked in partnership with local GPs and consultants to regularly review people's medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

Preventing and controlling infection
● Staff had received training in infection prevention and control and understood their responsibilities in this area.
● The home was visibly clean and free from malodours. People were involved in helping clean the home and their rooms. This and hand washing guidance helped them develop an understanding about reducing risks from infection.
● Hand washing facilities were available, and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Staff wore these appropriately.

Good

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

- People's needs were thoroughly assessed prior to them moving to the home. Their pre-assessment included identifying needs related to their current health and well-being, the new home environment and the potential impact they may have on other people already living at The Dunes.
- Each person's care plan identified short, medium and long-term goals and included details how staff should support people to achieve the goals. Reviews were used as an opportunity to measure a person's progress.

Staff support: induction, training, skills and experience

- People were supported by long-standing staff who had received an induction. This included shadowing more experienced staff when starting at the home.
- Staff received mandatory and specific training to meet people's individual needs. This included: equality and diversity, confidentiality, prevention and management of behaviour that could challenge and safeguarding. A staff member commented, "I had safeguarding training last week. I feel confident to do my job due to the training."
- Staff received regular supervision and appraisals which were used as an opportunity to reflect on their practice and to discuss their professional development.

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

- People were encouraged and supported to enjoy a healthy diet with risks managed effectively. ● People's dietary needs were known and met including referral to relevant healthcare professionals and where meal choices were part of people's cultural identity.
- Pictures of food and drink were used to help people to choose what they wanted during weekly menu discussions. People and staff co-produced the meal plans.
- When required, people had adapted crockery. This helped them remain as independent as possible.

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

- People were supported by staff who understood the importance of timely liaison with health and social care professionals to help maintain people's health and wellbeing. A healthcare professional commented, "They (staff) always refer in a timely way. They are brilliant at listening to my advice." We saw a copy of a consultant's letter to a GP advising they had, 'Congratulated staff on the care they provide.'
- People were supported with visits to and from healthcare services such as GP surgeries, speech and language therapists, opticians and chiropodists. Each person received an annual health check from their GP.

● Staff supported people with their oral health. This included encouraging regular brushing with prescribed toothpaste, check-ups and choices around healthier foods and drinks.

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

● People lived in an environment that had been adapted to meet their needs. Signage helped people understand what each room around the home was used for.

● The provider's maintenance worker had consulted with people and their families to help them create bedrooms and communal areas personalised to their tastes. For example, cushions purchased for the conservatory were chosen by a person who liked the messages on them. This continued the decorative theme in the person's bedroom and encouraged them to spend time outside their room.

● People had recently been involved in changes to the layout and design of the garden. Swinging seats had been purchased and positioned based on people's preferences. As one person enjoyed watching the planes from a local airport their seating had been positioned so it was under the flight path. An ex-employee had donated vegetables for the garden which had encouraged one person to explore their love of gardening. This person had also been involved in choosing new flowers and the water fountain.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training to understand their responsibilities under the MCA and DoLS and were able to tell us how they sought consent and worked in people's best interests.

● People, relatives, familiar staff and relevant health and social care professionals were involved in best interests' decisions. These covered areas such as: medicines support, finances, individual support hours and home security.

● The service had applied for a DoLS for each person who lived at The Dunes. We saw evidence these were periodically followed up with the local authority and updated where necessary.

Good

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

- People were supported by staff who were consistently kind, caring and attentive to their needs. One person said, "Staff are kind to me all the time. I'm happy here." People who were unable to easily share their views with us were seen smiling and joking with staff. There was a warm and natural rapport between people and staff. A staff member said, "We are here to make their lives happier and easier." A relative expressed, "We are very pleased with [name's] care. Staff are marvellous. We wouldn't find anywhere better."
- The familiarity of the staff supported positive and mutually beneficial interactions. Staff understood how to support people if they became upset and needed reassurance, for example when attending health appointments that could cause them to feel anxious. One person was observed becoming calm and singing along to their favourite music when staff put it on.
- People's bedrooms were personalised with their belongings, such as furniture, family photographs and items with sentimental value to help them feel at home. Bedrooms were decorated in a way that reflected their gender, age and interests. One person told us, "I like my room."

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

- People had as much choice and control over their lives as possible. They were supported to express their views about their care using their preferred method of communication and were actively supported to influence and have control over their day to day lives. Our observations and people's care plans confirmed this. A staff member said, "If we offered [name] five things to choose from it would confuse [name] so we offer three things."
- People's rights and need for privacy was consistently respected. We observed staff knocking on people's doors before entering and giving people the opportunity to spend time alone.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and dignity. They gave examples where they did this including: keeping doors to bathrooms shut during intimate care and encouraging people to wear a dressing gown if walking around the home after a bath. One person expressed, "I can have privacy."
- Staff recognised people's desire to maintain their appearance and follow a desired grooming routine. For example, staff supported one person to wear colourful dresses and jewellery as this was important to them. This person's relative said that staff always made sure their family member, "Always looks nice. I can't speak highly enough of them." Another person's plan noted, 'I like to use perfume or deodorant as I love to smell nice.'
- People were supported and encouraged to remain as independent as possible and develop new life skills.

For example, one person had been helped to learn how to use a parking ticket machine when out in the community. We saw a photo of them standing next to the ticket machine with a smile on their face. The manager said, "The residents lead the staff."

Good

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; 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 received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. This included if they preferred support from male or female staff. Staff confirmed support plans were always accessible and easy to navigate.

● People's needs were regularly reviewed with support from their relatives, if they wanted them involved, or where they experienced difficulties communicating what was important to them. A relative said, "I go to all the meetings." A healthcare professional told us, "They are good at getting together with us for reviews."

● We observed staff offering to support people in their preferred ways. Staff used knowledge gained from their equality and diversity training to inform the way they supported and interacted with people. A healthcare professional said, "They [staff] think of [name] and what [name] likes and make [name] laugh."

● Staff supported people to enjoy a wide range of activities both in the home and the community. People did activities that reflected their interests. This included time at a farm, day centre, gardening, watching favourite DVDs, pampering sessions and picnics. Where people preferred to spend some time alone this was respected.

● People were supported to maintain contact with those important to them including family and friends. Staff supported people to visit relatives at home and friends at a local day centre. Trips into the community provided an opportunity to interact and socialise with a wider group of people. One person who expressed a wish to follow their faith was supported to attend a church singing group. Their care plan noted staff should support them to say the Lord's Prayer when going to bed.

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 detailed in their support plans and known by staff and agency workers.

● People's preferred methods of communication were shared with health and social care professionals using communication and hospital passports.

● Barriers to communication were known and staff worked with each person to minimised these. For example, one person's plan noted, 'I need staff to be patient and calm as I can become confused.' We observed staff interacting with the person in this way. Another person's plan advised staff to politely introduce the idea of personal care and then give them 10 minutes to process the idea over a cup of tea

before returning to offer help.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure in place. This recorded the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection.

● An easy read version of the complaints policy was available and displayed prominently around the home. Staff had complaints flashcards that helped them discuss complaints with people more easily. One person had been given a complaints policy in both English and their native language.

End of life care and support

● At the time of the inspection there were no people at the home requiring end of life care.

● The home had worked with people and those important to them to create easy read end of life care plans. These included whether they wanted to be buried or cremated, who would conduct the service and the type of flowers they wanted. The manager and quality improvement lead said this was an area they intended to develop further.

Good

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 good. At this inspection this key question has remained the same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a friendly and warm feel to it. Staff told us they enjoyed working there. A staff member said, "We try to make it a home not a residential home." A relative said of the culture, "It's like a family. Staff always seem cheerful." A regular agency worker commented, "This is the best home I've come to. Every staff member is like family."
- Management were seen as supportive and approachable. Staff comments included: "[Name of the manager] is friendly and professional. [Name of the deputy manager] is supportive" and, "The management is good. We can ask about anything and what we need is provided fast." The manager told us they felt, "Extremely supported by [name of the quality improvement lead] and operations directors. It's a really strong team."
- The management and staff were clear about their roles and responsibilities. A staff member said, "This role allows me to be creative. We are working with passion – from our hearts." An agency worker expressed, "I have learnt a lot from the staff. They teach you everything by the book. They don't cut any corners."
- Regular quality team visits to the home helped identify areas for improvement which were then included on an internal development plan. Identified issues were themed according to the CQC's domains in order for the service to see how well they were complying with regulations.
- Team meetings were held monthly with staff telling us they were able to speak freely and follow up actions were taken. Minutes showed these were well attended. Topics discussed included: safeguarding, resident feedback and involvement, documentation and audit outcomes.
- Staff told us they felt recognised and valued. One staff member said, "[The manager] told me I do a very good job. It was a pleasure to hear." Staff supervisions and performance development reviews included praise. For example, one record stated, 'Staff like to work with [staff member's name]. [Name] is a hard worker, always friendly and helpful.' Another record detailed, '[Name] is a very good team player. When a plan is made, [name] makes sure it is carried through.'
- All required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The manager understood the requirements of Duty of Candour. They told us it is their duty to be, "Transparent if anything goes wrong and notify family, the local authority and the CQC."

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

characteristics; Continuous learning and improving care; Working in partnership with others

● People, relatives, and staff were encouraged to contribute to how the home was run via an annual survey. Feedback was then used to understand what the service was doing well and what changes people would like to see.

● People had an additional opportunity to express their views via monthly 'Ask, Listen, Do' meetings facilitated by senior staff.

● The home manager, deputy manager and quality improvement lead completed regular checks and audits which helped ensure people were safe, and the service met their needs. Audits and checks covered areas including: home environment, staffing and training, support plans, health and governance. These checks were supplemented by 'quality walk rounds' by senior staff which included out of hours visits.

● The service worked in partnership with other agencies to provide good care and treatment to people. This included forging and maintaining good working relationships with community nurses, GPs and day centre staff. A healthcare professional told us, "I would be happy for a relative to live there."

● The manager was planning to develop further links with other organisations. For example, they told us there were plans to support a person to attend a specialist day centre to help them re-learn skills they had used in a previous profession.