

Hudson (Harbour Residential) Limited

Harbour Residential Care Centre

Inspection report

4 Haven View
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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 home has 108 beds over four floors, however at the time of the inspection there were only two floors operational. 27 people were living in the home. The home had recently registered for nursing but had not yet taken people with nursing needs into the home as they were in the process of establishing the necessary staff team.

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

People experienced good care, delivered by staff who were kind and caring. Feedback from people was positive and our observations supported this. People were treated with dignity and respect and their privacy maintained.

People were safe because there were sufficient staff in place to meet their needs. The registered manager told us they were in a position to increase occupancy in the home but would only do this in a safe, carefully managed way. People received support with their medicines when required; these were stored and administered safely. The home was clean and there was a team of staff in place to support good infection control practices.

Staff received training and supervision to enable them to work effectively and with the necessary skills. People received good support nutritionally; their needs were monitored and assessed regularly and support from the GP was sought when required.

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.

Care was planned in a person centred way, with people views, needs and wishes incorporated in to their care plans. People's end of life wishes, and plans were discussed with them. There was a programme of activities in place to support people in staying socially connected. This included making links with the local community.

The service was well led. Improvements had been made and sustained over a period of time and there was a strong person centred culture within the service. There were systems in place to monitor safety and quality.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (5 April 2019). There were no breaches of regulation at this time, however due to the previous history of the home we needed to observe a sustained period of improvement. At this inspection we found improvement had been sustained and built upon and the service

was rated good.

Why we inspected

This inspection was carried out to follow up on the required improvement rating the service received at our last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from required improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harbour Residential on our website at www.cqc.org.uk.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harbour Residential Care Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Harbour Residential is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Harbour Residential is a care home with nursing care. The home had recently registered for nursing but at the time of inspection had not yet begun caring for people with nursing needs. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine members of staff, including the registered manager and clinical lead. We spoke with 10 people living in the home. We reviewed three people's care records and reviewed other relevant records such as recruitment records, maintenance records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff, comments included, "They are fantastic, so understanding". People felt able to talk with staff if they had any concerns or worries.
- People were protected from the risk of abuse because staff undertook training and knew what to do if they were concerned.

Assessing risk, safety monitoring and management

- People were protected because there were risk assessments in place to guide staff in the safest ways of support. This included assessing the risk of malnutrition and pressure damage to the skin. Where a risk was identified, we saw that measures had been identified to minimise the risk. For example, where a risk of pressure damage was identified, there were measures such as specialised mattresses in place. For those at risk of malnutrition, regular weights were recorded, and their care was discussed with the GP as necessary.
- We observed that people had call bells at hand in their rooms so that they could call staff quickly in an emergency. People we spoke with hadn't had to use their bell but felt confident that staff would attend to them if needed.
- We received maintenance records to show that checks of the physical environment took place to ensure people's safety. This included fire safety checks and checks of the water supply.

Staffing and recruitment

- People told us there were staff available when they needed them, one person commented, "There are always staff around".
- The registered manager told us they were currently in a position where they could safely meet people's needs but also look to increase occupancy. They told us that occupancy would be increased gradually, in a safe way.
- During our inspection we observed a calm atmosphere with call bells being answered promptly. Staff confirmed staffing levels were good.
- There were safe recruitment processes in place. This included gathering references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. This is a check that highlights whether a person has any conviction which might affect their suitability and whether they are barred from working with vulnerable adults.
- Some staff were recruited from overseas and we saw that relevant legal processes had been followed to ensure this met with immigration rules.

Using medicines safely

- Medicines were stored safely in locked cupboards, only accessible to staff authorised to do so. There was a refrigerator available for use for medicines requiring cold storage temperatures.
- We saw that regular stock checks were taken so that any discrepancies could be identified and investigated.
- There were records to show that two staff signed for medicines requiring them.
- Medicine Administration Record (MAR) charts were used to record when staff had administered medicines. We checked a sample of these and saw they were completed accurately.
- There were protocols in place for PRN or 'as required' medicines to guide staff in when and how these should be administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors in the home, in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Analysis took place to give opportunity to identify any themes or trends. For example, falls were plotted against the time of day to see whether there were any patterns. Incident reports described the support and checks a person received following the incident to ensure they were safe and well.

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 our last inspection we rated this key question required improvement. At this inspection the rating has changed to good. 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 assessed and reviewed regularly to ensure the support they received was up to date.
- Assessments covered people's physical and emotional needs and were updated if these changed.

Staff support: induction, training, skills and experience

- Staff told us they received very good support and felt able to discuss any concerns or training and development needs they had. Staff arriving from overseas to take up posts told us they were "very happy" and had been welcomed and supported into the team. Those staff with nursing qualifications from overseas were being supported to pass exams to allow them to practice in the UK.
- New staff were undertaking the Care Certificate. This is a qualification that provides staff with the skills they need to work in the care sector.
- The registered manager regularly monitored staff training to ensure staff were up to date with courses the provider considered mandatory. Courses provided for staff included key topics such as safeguarding, moving and handling and mental capacity.

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

- Although at times, people told us food didn't always meet individual tastes, feedback was generally positive. Comments included, "You can eat as much as you want", and "Food is lovely".
- We observed how people were able to eat in the place of their choosing. One person was brought lunch in their room and requested an alternative to the dessert. This request was accommodated.
- Catering staff were knowledgeable about people's nutritional needs, telling us about allergies for example and individual food preferences.
- People were assessed regularly for the risk of malnutrition and referred to the GP if necessary. Some people had nutritional supplements prescribed to support their health.

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

- Staff worked with healthcare professionals to ensure people's health needs were met. For example, we saw that for people with diabetes, staff worked with the district nurses to monitor this effectively.
- Staff discussed people's care with the GP when required. For example, we read how one person's medication had been discussed with the GP and this had led to them prescribing liquid medication where possible to make it easier for the person to take their medicines.

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

- The home was large and contained four floors. However, at the time of inspection only two floors were being used. The physical environment of the home was suited to people's needs. There were rails along the walls to help people mobilise safely.
- There were several rooms available for people to socialise and take part in activities if they wished to do so. Personal rooms were decorated to a pleasant standard.
- There was outside space for people to use in warmer weather, including a gardening area and golf putting. This did require some tidying up before the warmer weather arrived and we were assured this would be done.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA. Capacity assessments were carried out when required and a best interests decision made. We saw examples of these.
- Applications to the local authority were made when it was felt a person needed to be deprived of their liberty in order to be safe. An overview of these applications was kept so that it was clear who was still waiting assessment. Nobody had a DoLS authorisation in place with conditions attached.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 happy with the care they received, comments included, "I'm well treated, very happy here", "it's wonderful" and "I couldn't find anything to complain about if I tried". One person told us how a member of staff had come to sit with them whilst they were waiting to go to lunch and had enjoyed the conversations they'd had.
- We observed staff caring for people in a kind and respectful manner. For example, staff were patient and encouraging when supporting people to mobilise.

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

- People's views and opinions were taken into consideration in the planning of their care.
- People's likes and preferences for how they wanted care to be delivered were described in their care plans, for example whether they had a preference for male or female carers and the kind of activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Independence was encouraged as far as possible. Some people were independent with their medicines and this was supported by staff.
- We observed how staff respected people's privacy. Staff closed doors when they were supporting people in their rooms and knocked and asked the person before they entered.
- We observed how people wore clean clothes and some people had their nails painted if they wished to. One person clearly took pleasure in this, smiling and replying, "I am", when we commented on the beautiful colour of their nails.

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People's support plans were person centred in nature and reflected people's individual needs and wishes. For example, we read how one person preferred to wear jeans and trousers. Another plan described the times of day when the person may present with confusion.
- The registered manager told us that a lot of work had been completed on care plans to ensure they were relevant and up to date. The sample of plans we reviewed were clear and gave a good overall picture of the person's needs. They were reviewed on a monthly basis.
- Staff were clearly knowledgeable about the people they supported. One staff member saw a person in the corridor and talked about ballet with them. This was clearly significant to the person as they responded by moving their arms in the style of ballet.
- We spoke with one person whose presentation might have indicated they were unwell; we spoke with staff about this and they were able to tell us this was usual for the person and related to their medication. Staff checked on them to make sure.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were outlined in their support plans. This included how staff should meet the person's needs for example by repeating if required and speaking more slowly.
- Care plans contained details of any sensory losses, for example by outlining when a person needed to wear glasses or hearing aid.

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

- There was a varied activities programme in place for people to take part in if they wished to. The activity coordinator told us that one of the most popular events was the choir they had started with people in the local community. This was a positive way for people to build friendships and avoid social isolation.
- People who didn't enjoy group activities received visits in their rooms to talk and play games if they wished.
- When the weather allowed, people were able to go for walks locally or to use the outside space.
- We saw examples of craft and jewellery items that people had made. These were sold, with the money going straight back to the activity fund.

Improving care quality in response to complaints or concerns

- People were happy with their care and had no complaints but told us they would feel able to raise concerns if they had them.

End of life care and support

- People were given opportunity to discuss their end of life wishes and have a plan of care in place.
- If people had made a decision to have a DNACPR form in place, this was recorded in the person's records.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 was a positive, person centred culture within the home. People were happy with the care they received and built strong relationships with staff. People felt able to talk with staff if they had any issues or concerns.
- Staff who had worked in the home for a long time reflected on the changes that had taken place over the last two years. One member of staff commented, "there has been a lot of positive changes, morale is fantastic". Another member of staff said, "there is a completely different atmosphere since two years ago, it is very smoothly run".

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

- There had been no incidents reportable under the duty of candour regulation. However, there was an open and transparent culture within the service. Incidents and accidents were logged and recorded so that any necessary action was taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home was in the process of building a staff team, ready to admit people with nursing needs. A clinical lead was in place and nurses had been recruited.
- There was a 'heads of' meeting each morning with lead staff from each area of the home feeding back on any issues that needed to be addressed.
- People in the home knew the manager and told us they thought the home was well run.
- The registered manager told us they had links with other registered managers in the provider's group of home and this provided opportunity to share good practice and new ideas. The registered manager also had a weekly meeting with the managing director to discuss issues such as staffing levels and other key performance indicators. The managing director visited the home on a quarterly basis.
- There was a programme of audit in place to check on quality and create action plans to improve when necessary. This covered areas such as medicines, infection control and care planning.

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

- People were involved in the running of the home. There was a café in the home for use by people and their

relatives. People had helped design this and also been involved in decorating it.

- We read in the PIR how as part of the activities programme, there were plans to celebrate festivals from different cultures.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people's needs were met. The GP conducted weekly visits to monitor people's health and other professionals were involved as necessary, such as the dementia service.
- The registered manager was building links with local authorities and considering how bed capacity could be utilised for example as 'pathway three' beds. These are beds commissioned by a local authority for people leaving hospital with long term or complex health needs.