

Safe Harbour Homecare Limited

# Safe Harbour Home Care (Petersfield)

## Inspection report

3 Park Court  
Park Road  
Petersfield  
Hampshire  
GU32 3DL

Tel: 01730239718

Date of inspection visit:  
10 October 2019  
15 October 2019

Date of publication:  
14 November 2019

## 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

Safe Harbour Home Care (Petersfield) is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs including older people, people with a physical disability, learning disability, mental health needs and people living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 69 people were receiving personal care.

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

We have recommended that the provider reviews current best practice guidance around medicines care planning. People told us they were supported by staff who knew them and their needs well. Staff had access to a range of training and told us they felt supported in their role. 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. People told us the service was reliable and that they received timely care calls with consistent staff.

People received a service that was safe. There were systems and processes in place to ensure people were protected from the risks of avoidable harm. People were protected from the risk of experiencing abuse. Staff completed regular training and understood their responsibilities. People were supported to manage their medicines safely by staff who were appropriately trained.

There was a strong person-centred culture. People and their relatives consistently praised staffs' efforts and told us they had positive relationships with staff and received good-quality care. People were encouraged to maintain and build on their independent living skills, and staff understood the importance of enabling people to have choice and control.

People's care plans were person-centred and reflected their preferences. People, relatives and social care professionals told us the service provided care and support that was responsive to individual needs. There was a clear complaints procedure in place, people told us they knew who to contact if they had any concerns. The registered manager acted following feedback to enhance how they recorded people's end of life care planning wishes in more detail.

The service was well-led. We received consistently positive feedback from people, relatives and two social care professionals that service was run with positive leadership. The registered manager maintained oversight of service delivery and completed a range of audits to continually assess and monitor the care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 31 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 responsive findings below.

# Safe Harbour Home Care (Petersfield)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and contact with people and their relatives was completed by an Expert by Experience to gather people's feedback. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 08 October 2019 with calls to people and their relatives and ended on 17 October 2019. We visited the office location on 10 and 15 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 completed calls to people and their relatives to gain feedback on their experience of care provided by Safe Harbour Home Care (Petersfield). We spoke with ten people and five relatives. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with nine members of staff including two care co-ordinators, a senior carer and care staff. We reviewed a range of records. This included five people's care records and 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 and quality assurance records. We received feedback from the local authority and two social care professionals who had regular contact with the service.

# 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

- People and their relatives consistently told us they felt safe. For example, one person commented, "Oh gosh I do [feel safe]. I'm so pleased and so happy. I've got the same [staff] most of the time, she's wonderful, so gentle, so lovely. I feel so safe with her."
- Staff we spoke with knew how to raise concerns with the registered manager and were confident in the steps that they could take to keep people safe.
- There were appropriate systems in place to protect people from abuse. This included good communication with the appropriate professionals within the local authority and health commissioners to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- Risks to people were considered and information was provided for staff about the measures in place to address potential risks. For example, where people used walking aids this was clearly recorded. However, we found for one person who was supported to mobilise with a hoist, their care plan did not include all relevant information for staff to follow, such as the required size and positioning of the sling. The registered manager took immediate action to address this and added the relevant detail to the care plan before the end of the inspection.
- We spoke with staff who were able to confidently explain how they supported people to manage potential risks, including what steps they could take when supporting people to transfer using hoisting equipment.
- Environmental risk assessments were carried out to ensure people and staffs safety when in the home. A relative told us staff recognised when their relatives fire detector was faulty and had contacted them to support the person to ensure this was fixed.

Using medicines safely

- Not all people required assistance with their medicine's management. Where they did, people told us staff supported them to appropriately administer these. Comments included, "[Staff] put my tablets in a little pot and make sure I take them", and, "[Staff] check if I've taken my tablets from my blister pack and let me know if I haven't."
- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were administered safely.
- Staff recorded when support had been given to people to administer their medicines on their medicines administration records which were regularly reviewed.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. People and their relatives told us they had continuity of care staff and care calls were timely. On occasion, if care calls were running late, people were kept informed by the office staff. A relative said, "If [staff] are going to be later than usual, they let [relative] know."
- There was an electronic roster system in place which linked to secure staff smart phone devices. This informed staff of their planned care calls daily and any information or updates they may need to know to support people.
- There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

#### Preventing and controlling infection

- Staff completed infection control and food hygiene training.
- The registered manager/senior staff monitored staff's adherence to the infection control guidance and policies through regular spot checks of their practice.
- Staff had access to personal protective equipment such as disposable gloves and aprons. A person told us, "They always wear little gloves, then take them off and put them in the bin before they go."

#### Learning lessons when things go wrong

- There was an open and honest culture to reporting accidents and incidents. We reviewed incident and accident forms which demonstrated staff shared concerns and sought timely advice from the registered manager.
- The registered manager oversaw all information about the service and ensured appropriate actions were taken where necessary.

# 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

- Where people were prescribed medicines and topical creams on an 'as required' basis, information in care plans did not include specific information such as the reasons for administering the 'when required' medicine. Care staff demonstrated they knew people and their medicine support needs well. Staff were able to tell us how they supported people to manage their PRN medicines, which included person specific signs and symptoms that may indicate people required their PRN medicines as prescribed.

We recommend the provider consider current best practice guidance on managing medicines and act to update their practice.

- People had their needs assessed to ensure they could be met prior to the provision of their care.
- We reviewed records which confirmed people underwent a pre-assessment of their needs which covered a range of areas and tasks people may need support with and included information on how people would like their needs to be met.
- A social care professional told us, "I find [peoples] care plans very well ordered and I am able to find the information I require when I need to quite easily."

Staff support: induction, training, skills and experience

- Newly recruited staff were supported to complete a twelve-week induction period which was linked to the Care Certificate for those staff who were new to care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had access to a range of training to support them to be well equipped for their role. Training was delivered by face to face training sessions and via online distance learning modules. One staff member spoke positively of training being delivered in the evening to allow staff with other commitments to attend.
- Staff we spoke to consistently told us they felt supported in their role. We reviewed records which demonstrated staff received an annual supervision in line with the provider's policy.

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

- A person told us, "Everything I ask [staff] to do, they do. [Staff] ask me what I want and make me a nice sandwich at night, they always make sure I have a bottle of water and cup of tea by my chair."
- A relative told us, "[Staff] are very hot on fluids and leave me a note if [relative] didn't drink much that day."
- Where people required assistance to manage their diet and nutrition needs, care plans provided clear and detailed information for staff to follow. People's care plans detailed their favourite foods and how they liked

these prepared. They included prompts for staff to support people to maintain their food and fluid intake between care calls. For example, one person's care plan directed staff to leave a cool bag of snacks and drinks easily accessible following their lunch time call to encourage the person to eat and drink throughout the day.

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

- People told us staff supported them to maintain their health and wellbeing. For example, one person commented, "[Staff] are very careful, if they see anything 'funny' on my skin, they tell me to keep an eye on it and phone the doctor."
- A relative commended staff's approach to supporting their loved one when they had become unwell. They told us staff were able to recognise the deterioration in their loved one's health and shared their knowledge of the person with the emergency services which ensured they were conveyed to hospital to receive treatment at the right time.
- The registered manager told us they worked closely with other organisations such as the local authority and clinical commissioning group to ensure people's needs were appropriately met.
- We received positive feedback from two social care professionals that the service promoted partnership working to achieve positive outcomes for people. For example, one social care professional said, "[Registered manager] and [staff] are very proactive and will liaise directly with GP's and community nurses, they will also readily advocate for people."
- People had admission to hospital forms in place which included a summary of key information about the person. The registered manager told us this was in place to support information sharing with other professionals in the event that people required an emergency hospital admission.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's consent to receiving care and support was evidenced by people signing their individual care plans. However, we noted for some people consent forms were not always signed by the appropriate person. The registered manager took immediate action to address this before the end of the inspection.
- The registered manager and staff had a good understanding of the principles of the MCA. At the time of the inspection no one using the service was subject to any restrictions on their liberty.
- Where a person was assessed as lacking capacity to consent to their care plan, records demonstrated steps had been taken in accordance with the principles of the MCA. This included best interest decision making in consultation with the persons relative.
- Where people had elected relatives or people important to them to support them in decision making through an enduring or lasting power of attorney, this was clearly recorded. This ensured staff knew who was lawfully permitted to make decisions on behalf of their loved one where appropriate.

# 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 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

- Providing high quality person-centred care was at the heart of service delivery. Staff had established positive relationships with people and their relatives and this was evident through the consistently positive feedback we received.
- We received comments from people such as, "[Staff] are all very, very efficient carers, they put me at ease. I couldn't manage without them at all", "[Staff] are very gentle when they wash me, we have a routine, and we have a laugh", and, "The carers are absolutely wonderful. They will go the extra mile if you want them to, which gives me and my family peace of mind."
- Relatives told us, "[Staff] are my eyes and ears really. If there's any issues with [loved one], they let me know", and, "When I make extra requests for a bed call, they always do it. It means I can have the occasional evening out with a friend."
- People were supported by staff who knew their needs well. Staff were highly motivated and committed to providing person centred care that recognised people as individuals. For example, one staff member commented, "Care plans are important, but I will always meet people and ask them again how they like their routines and flow with what they want, everyone's an individual and I always remind new staff of that. If you finish people's support earlier than the call time, then sit down and have a chat you might be the only person they are going to see."

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

- People and relatives were involved in all aspects of their care planning where possible. The registered manager regularly sought feedback from people on how they felt their care was being delivered. A relative commented, "[Staff] are absolutely respectful, they're more like friends than carers. They speak to both of us, they are really nice people."
- The registered manager was passionate in ensuring people and their relatives had access to the right information to make decisions. They commented, "I spend a lot of time making sure people understand how decisions are made and what resources are available. Sometimes, if people haven't needed to use care services before they don't understand things like the commissioning processes, so I share my knowledge to support them."
- People and their relatives were also provided with an information pack that the service created which provided contact numbers for resources in their local area such as pharmacies, dentists, the relevant local authority, and community dementia café.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their independence. One person said, "The [staff] have made me feel independent, I feel very confident with them."
- People's care plans were strengths based and detailed people's level of ability and directed staff to encourage people to remain independent. For example, one person's care plan stated, "It's important for me to regain my independence and make choices for myself."
- People said staff treated them with dignity and respect. One person commented, "Everyone's different [staff], and all of them are perfectly switched on to my needs. They have humour and dignity. They don't talk about other people."
- A staff member told us, "[Staff] are proud because we do a good job, we treat people with respect and respect their choices, that's what this job is all about."

# 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

- People and their relatives consistently provided examples of care where they felt staff had gone above and beyond to ensure their needs were met. For example, a relative told us, "[Loved one] phoned the office quite distressed one day. Staff showed initiative and went straight out to her and calmed her down, [staff] went over and above their duties."
- Another relative commented, "[Staff] carry out what we've agreed [in the care plan]. Some [staff] go above and beyond this. They will change [relatives] bed and put bed clothes in the washing machine, or if [my relative] falls asleep they ask if they can get on with hoovering and dusting. It all helps me [to maintain a caring role]."
- People's care plans were person centred and provided clear guidance for staff to follow to encourage people to maintain choice and control. For example, care plans highlighted, "What is important to me" and, "What's important for me" which captured people's goals and preferences to meeting their care needs.
- People's care plans included details of people's history, employment, interests and important relationships.
- We received positive feedback from a social care professional that praised the responsiveness of the service to ensure people had access to appropriate levels of support to remain at home. They told us, "Safe Harbour Home Care (Petersfield) were able to increase the care at short notice to support the [person] to remain at home and not be admitted to hospital. They communicated well with the [person's] daughter which was such a relief for her."

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 care plans contained information about their communication needs, and supported staff to communicate with people in a way that aided their understanding.
- People told us staff supported them to manage their correspondence where required. For example, one person commented, "[Staff] always post any letters for me on their way home."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns.
- There was a clear complaints procedure in place. We reviewed records which confirmed the service had not received any formal complaints since their last inspection.

- Where people and their relatives had raised informal concerns or feedback, the registered manager maintained oversight, and records demonstrated what steps had been taken in response to concerns raised. For example, where a person had requested a change of care staff this had been updated on the rota.

#### End of life care and support□

- At the time of the inspection no one was receiving end of life care. We reviewed people's care records and found they did not always detail people's end of life wishes. The registered manager told us they recognised the importance of people wanting to remain in their own homes and worked proactively with key agencies to support this where appropriate. Following feedback, the registered manager acknowledged people's end of life wishes could be captured in more detail and reviewed their care plan format to address this.

## 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

- People and their relatives told us the service was well-led. A social care professional commented, "I consider that [the registered manager] is a good leader and I feel she is well respected by her team."
- The registered manager was committed to delivering high quality care to people. They spoke passionately about the service vision and values and told us, "I am passionate about care in the community. I work closely with commissioners to explore alternative care and assistive technology to keep people safe and independent in their home longer if that's what they want."
- Staff consistently told us they felt supported in their roles through positive leadership. This included staff feeling empowered to try new ideas and ways of working to improve outcomes for people.
- One staff member told us, "We always share ideas and knowledge and new ways of working. [The registered manager] encourages us to think of different ways of doing things, they have the same attitude that if it's going to be better for the person then why not give it a try."

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

- A social care professional commented, "I find [the registered manager] very approachable, open and honest."
- The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- There were systems and processes in place to monitor the quality of the service. The registered manager was responsible for completing a range of monthly audits which included care files, medicines records, staff files and other records.
- Although the registered manager maintained a high level of oversight of the service, we noted systems in place did not always evidence how findings from audits drove improvement across the service. We discussed this with the registered manager who implemented a more robust system to review information collectively across all audits carried out.
- There was a clear management structure in place which included the registered manager, office and field-based staff. Although there had been an organisational change in ownership since February 2019, staff told

us the transition was managed well and that there had been opportunities for positive communication with the nominated individual.

- The registered manager and senior care staff completed regular spot checks of care provided to people in their own homes. This included observing staff's approaches to delivering people's care and support to ensure care was delivered in accordance with the provider's vision and values and as people expected to receive their care.

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

- The registered manager spoke passionately about the work that they had undertaken in partnership with another organisation to set up and facilitate a local dementia café. The registered manager said, "We wanted to give something back to the community. The café supports carers to come along with their relative and have some companionship and respite. We have also been to local places such as spa's and shops to promote people's understanding of dementia and make places feel more accessible to prevent people feeling isolated."

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged feedback from people, relatives and staff through an annual survey. They told us this supported them to identify and respond to feedback to continually drive improvement.
- At the time of the inspection the 2019 questionnaire responses were being reviewed. We noted there had been a high number of responses which provided positive feedback from people about the care they received. Where responses highlighted potential areas for improvement, we saw the registered manager had planned to complete reviews of people's care to explore their feedback further.
- The registered manager attended various forums and conferences to build on their knowledge and skills. The registered manager told us they were keen to be attending an upcoming event hosted by the local authority to explore how assistive technology could improve people's health need outcomes.
- Feedback from two social care professionals praised the registered manager's approach to partnership working. Comments included, "[The registered manager] is transparent at reviews and always accommodating to accompany joint visits and reviews if required", and, "I have had dealings with [service] for many years and in particular with the registered manager. I have always found [the registered manager] to be extremely professional and responsive to the needs of [people]."