Safeharbour West Midlands Limited

Safeharbour (260 Hagley Road)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection was unannounced and took place on 17 November 2015.

The provider is registered to accommodate and deliver personal care to six people who lived with a learning disability or associated need. Five people lived at the home at the time of our inspection.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines systems did not fully demonstrate safety or always confirm that people had been given their medicines as they had been prescribed.

Not all staff had received the training they required to fully equip them with the skills they needed to support the people in their care, but this was being addressed.

Staff were available to meet people's individual needs. Staff received induction and the day to day support they needed to ensure they met people's needs and kept them safe.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced. Recruitment processes ensured that unsuitable staff were not employed.

Relatives felt that people were supported by an adequate number of staff who were kind and caring.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

Relatives and staff felt that the quality of service was good. The management of the service was stable.

However, registered manager and provider had not undertaken regular audits to determine shortfalls or see if changes or improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines systems did not fully demonstrate safety or always confirm that people had been given their medicines as they had been prescribed.

There were adequate numbers of staff that could meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work in adult social care.

Is the service effective?

Good

The service was effective.

Relatives felt that the service was effective and met people's needs safely and in their preferred way.

Due to staffs understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Although relatives felt that staff had the knowledge they needed some staff had not received all the training they required.

Is the service caring?

Good

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager and provider had not undertaken regular audits to determine shortfalls or to see if changes or improvements were needed.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a team leader and senior care staff. Staff felt supported and guided by the management team.

People and their relatives knew who the registered manager was and felt they could approach them with any problems they had.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 17 November 2015. The inspection was carried out by one inspector. The service provided support to younger adults who went out into the community every day. Because of this we started our inspection early morning so that we could meet and/or speak with the people who lived there and staff before they went out.

At our last inspection of December 2013 the provider was meeting all of the regulations that we assessed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met three of the people who lived at the home. We spoke with four care staff, the cook, a domestic and the registered manager. We spoke with four relatives and an external health care professional. We looked at the care files for two people, medicine records for three people, recruitment records for two staff, training and supervision records for two staff and complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms that had been completed by people with the support from staff.

Requires Improvement

Is the service safe?

Our findings

We found that on one occasion a person had been given a lesser amount of their medicine than had been prescribed (this involved a very small amount). Staff told us, and records confirmed that this was because there was no more of the medicine available to give. One person had been prescribed medicine to be used in an emergency for the management of seizures. Staff identified that the medicine had expired but this was not until a month after the expiry date. Until the staff had identified that the medicine had expired it was kept in the medicine cupboard. This meant that there had been a potential risk that in an emergency staff may have used the medicine and it may not have been effective. We saw that at least two Medicine Administration Records (MAR) had been handwritten by staff. There was no second staff signature on the records to confirm that what had been written was correct to prevent errors. We saw that there were at least two staff initial gaps on the MAR. The registered manager told us, "The MAR should be signed by staff when medicine was given, it seems that the audits the staff have done have not been sufficient". This demonstrated that staff were not following the provider's processes to ensure that people were not put at risk of harm or ill health due to unsafe medicine practices.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. We also saw that most staff who managed medicines had been assessed as being competent to manage medicine. However, for some staff this had been three or more years previously. We asked the registered manager how they assured themselves that those staff were still competent to manage medicines. The registered manager told us that they did not know and would introduce repeat competency checks on an annual basis.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. Staff told us and the registered manager confirmed that covert methods to give people their medicine (this could be when medicine is disguised in food or drink) were not being used. A staff member said, "All people take their medicine willingly. For people who have difficulty swallowing tablets they are prescribed liquid medicine". When we looked at the medicines we saw that a number were in liquid form. This confirmed that staff had communicated with people's doctors to ensure that people could take their medicine in a way that met their needs without there being a need to use covert methods.

Some MAR highlighted that people had been prescribed medicine on an 'as required' or 'as needed' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. This would ensure that people would be given their medicine when it was needed and would not be given when it was not needed.

A relative told us, "I am not aware of anything like that" (abuse). Another relative said, "No, nothing like that". A third relative told us, "When they [person's name] visit us they are always happy to go back to the home afterwards which is assuring". Systems were in place that protected people from abuse. The registered manager and staff told us that they had not seen anything that worried them. Local authority staff told us that they had not been made aware of any concerns regarding abuse. Most staff we spoke with told us that they had received training in how to safeguard people from abuse but this was not reflected on the training

records. However, all staff we spoke with gave us a good account of how they could recognise the signs of abuse and how to report their concerns and that they would report any concerns straight away. We found that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

Relatives told us that they felt their family members were safe living at the home. A relative said, "They [person's name] are safe there". Staff also told us that in their view the people who lived at the home were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them these included, falls, going out into the community and behaviour that could cause self-harm. The registered manager gave us an account of how they monitored incidents and untoward occurrences and we saw records to confirm this.

Relatives told us that they felt that there were enough staff to meet their family member's needs. A relative said, "I think there are enough staff". Staff we spoke with told us that in their view there were enough staff. We observed staff were available during the day to look after people and keep them safe. The registered manager told us that staff covered each other during holiday time and that there were staff that could be called upon to cover staff absence. This was confirmed by staff we spoke with. On the day of our inspection one staff member did not arrive for their shift so the registered manager called an off duty staff member who came and covered the shift. The registered manager and staff confirmed that agency staff were rarely used. These actions gave people assurance that they would be supported by staff who were familiar to them and knew their needs.

Recruitment systems were in place. Staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the registered manager. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

Relatives and staff felt that the service provided was effective. Relatives described the service as "Brilliant", "The best one", and "Very good". A relative told us, "If I thought the service was not good they (person's name) would not be there". A staff member said, "The service people get here is very good". External health and social care professionals we spoke with all told us that the service was effective. A health care professional said, "It is a good place, it is better than most".

Staff told us that they had induction training when they started to work at the home. One staff member said, "I looked at policies and procedures, worked with experienced staff, and had an introduction to the people". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager told us, and showed us evidence to confirm, the provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff told us that they had supervision sessions. Supervision sessions are a tool that can be used to focus on staff members work and performance and gives the staff the opportunity to raise issues if they need to. Staff told us that felt supported in their every day job roles by the registered manager and their peers. A staff member said, "I feel supported. If I don't know something the manager is approachable to ask".

Relatives told us that they felt that staff had the knowledge and skills needed to look after and support their family members. Staff told us that they felt competent and able to undertake their job roles. A staff member said, "I can do all of the tasks required". Records that we looked at did not confirm that all staff had received the training the provider had identified that they should. We did not find any impacts on people as a result of the lack of training. The registered manager told us that they were aware of the training needs for some staff and was addressing this.

Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, "All people are asked first before we do anything". Our observations confirmed this. We heard staff explaining to people what they were going to do. We heard staff asking people, "Shall I, or, is it alright, and "Do you want to"? when they needed to undertake tasks or provide support.

Relatives told us that they were consulted about their family members care. A relative told us, "Absolutely I am involved and included in decision making". Staff confirmed that if people were unable to make decisions their relatives were asked to comment so that people received care in the way that they preferred. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths.

We found that not all staff had received training regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager agreed that they needed to secure the training for all staff. However, all staff we spoke with knew

that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. It is a legal requirement that we are informed of all DoLS approvals. The registered manager had informed us prior to our inspection that the local authority had approved DoLS applications for people who lived there.

A staff member said, "I feel able to manage behaviours". Care plans were in place that highlighted instances that could make people feel distressed. When we asked staff about people's individual behaviour 'triggers' they gave a good account of them and the actions they took to prevent them. A trigger is something that may happen to provoke behaviour. During our inspection we sat in for 20 minutes and observed a staff workshop taking place. The registered manager and staff confirmed that the workshops were held often to discuss people's behaviours that challenged the service to ensure that staff worked consistently to support people effectively and meet their needs. During the afternoon an external health care professional attended the workshop to give their input and advice. All staff we spoke with told us that the sessions were helpful in ensuring the prevention of challenging behaviours. This demonstrated that the provider had taken action to keep people safe and reduce risk of injury to people and staff from behaviour that could challenge the service.

We saw that food stocks were plentiful and that there was plenty of fresh fruit, vegetables and snacks available for people who wanted these. We did not observe a main meal time as people were out of the home. We observed that the breakfast time saw that it was flexible to suit people's preferred rising times and needs. We spoke with the cook who told us that the menus were chosen by the people who lived there where possible. They said, "We know what people like". Staff ensured that people were offered the food and drink that they preferred. At breakfast time we heard staff asking people what they would like to eat and drink and slowly repeated what they had said and showed people the choices so that they could select what they wanted.

We observed during breakfast time staff were available to give people support and assistance. We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been recorded. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. Some people had conditions that required special milk to prevent them from having being ill. We saw that special milk was available. We found that where staff had concerns about people's dietary needs and weight they had made referrals to the dietician and Speech And Language Therapist (SALT) for advice.

Relatives we spoke with told us that staff called the doctor or other health care services when needed. A relative said, "They [person's name] receive the care and treatment that they need from specialist services like behaviour management". Another relative told us, "They [person's name] had a problem with their tooth a while back and the staff sorted that for them". Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's specialist health care teams, an epilepsy nurse specialist and speech and language therapists.

We saw that 'hospital passport' documents were in place. The aim of a hospital passport is to provide hospital staff with important information about people and their health. We saw that information was included about people's likes, dislikes and diagnosis which would help hospital staff to understand the needs of people to treat them effectively and to keep them safe.

Good

Is the service caring?

Our findings

Relatives described the staff as being kind and caring. A relative said, "The staff are friendly and helpful". Another relative told us, "The staff are lovely with them" [person's name]. A staff member told us, "All of the staff here are very caring and the people are happy". When we observed people they were calm, happy and smiling. We observed that staff were friendly towards people. We heard staff asking people how they were and showing an interest in what they were doing that day, their families and their interests.

Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

A staff member told us, "We must not discuss anything about the people here outside of work and records should be kept safe". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home.

A relative told us, "I can visit at any time. The staff all make me feel welcome". Another relative said, "I pop in whenever I want to". Staff told us that having contact with their family and friends was important to the people who lived at the home. The registered manager told us that visiting times were open and flexible. Relatives told us that staff enabled their family member to visit them at home. A relative said, "The staff drop him off to see us and pick him up later".

People had complex needs however, staff encouraged and enabled people to be independent where possible. We heard staff encouraging people to eat independently at meal times. We saw that special utensils and equipment were used to enable this. After meals we heard staff encouraging people to take their used crockery to the kitchen.

Staff knew that people liked to dress in their preferred way. A relative said, "The staff always make sure that they [person's name] are dressed properly for the weather and in clothes they want to wear". A staff member said, "Not all people can select what they want to wear so we show them different items so that they can choose". We saw that people wore clothes that were appropriate for the weather and reflected their individual taste. It was cold on the day of our inspection and we saw that when people went out they wore warm coats.

Relatives felt that staff communicated with their family members effectively. Care plans that we looked at highlighted how people communicated best. Some people used Makaton to communicate. Makaton is a language programme that uses signs and symbols to help people communicate. Staff told us and records confirmed that most staff had received some Makaton training. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We observed that staff and people understood what the other was communicating. When staff spoke with people they responded appropriately to what had been said. We saw that one person smiled and nodded their head then carried out the task that the staff member had discussed with them which confirmed that they understood what the

staff member had said.

We saw information that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that three people had the input of an advocate at the time of our inspection and one person had input from an advocate before moving into the home a few years earlier.
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Good

Is the service responsive?

Our findings

A relative told us, "We visited the home and assessments were undertaken before they [their family member] lived at the home". The registered manager told us and records that we looked at confirmed that prior to people living at the home an assessment of need was carried out. This involved the person and/or their relative to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person, where possible, would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This would help the staff identify if they could meet the person's needs and allow the person and/or their family to decide if the home would be suitable for them. The registered manager told us that they knew how important it is was that any prospective person should be a good match for the existing people who lived at the home. This was to make sure that people would be happy.

All relatives we spoke with told us that they were involved in meetings and reviews to make sure that they could say how they [their family member] wanted to be supported. A relative told us, "We went to a review last week".

A relative told us, "They [person's name] are looked after well. The staff know them well and most importantly they are happy". A staff member said, "I think all staff know the people well and look after them properly". The care plans that we looked at captured people's needs and preferences to ensure that they were looked after in the way that they wanted to be. Care records that we looked at contained a history of each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so".

One person attended college and work placement. All people accessed the community on a daily basis to shop, go to chosen places of interest or eat out either with staff or their families. We observed a person going out with staff. They were smiling and looked happy. Another person told us that they were going to the cinema and on other days they enjoyed going to the library.

Relatives told us that staff asked them their views on the service provided. A relative said, "The manager often asks us how things are going. We are happy with everything". We saw recently completed provider feedback forms on care files that had been completed by staff on behalf of people. The overall feedback was positive and confirmed that people were happy with the service. We asked the registered manager if people could be supported to complete the feedback forms by people who were more impartial. They told us that they had looked into this but due to people's needs it would be difficult as people did not relate well to those unfamiliar to them.

Relatives told us that they were aware of the complaints procedure. A relative said, "I have nothing to complain about. If I did I would be happy to approach the manager". Another relative told us, "I have raised some issues before and they have been addressed". We saw that the complaints procedure was included in the service user guide document. We looked at the complaints that had been recorded. We saw that the complaints had been documented, that the complainants had been responded to in a timely manner and that action had been taken to discuss and resolve the issue.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of evidence to show that regular audits and checks had been undertaken by the registered manager or provider. The registered manager confirmed that they had not undertaken audits to determine if the service was being run in the best interests of the people who lived at the home. The registered manager told us that they had allocated the task of undertaking audits to the staff but did not check the audits the staff had carried out. The registered manager said, "I do not routinely check what the staff do". The registered manager also confirmed that although the provider visited regularly, they had not undertaken any formal quality checks to ensure that the service was being run as it should. We found issues that should have been identified and addressed through management and provider quality monitoring, observation and speaking with people but this had not been done. These included unsafe medicine administration and recording processes. A number of certificates and documents were not available. There was no certificate to show that the electrical wiring had been checked within the last five years and no risk assessment to confirm that any risks relating to this had been explored. Without these the provider could not confirm that all equipment in the home was safe to use. We also found that the fire risk assessment should have been reviewed in 2014 but had not been. This demonstrated that people could not be assured that the service provided was adequately monitored to ensure that their needs would be met and that they would be safe.

Staff we spoke with were positive about the service and told us that they felt it was well-led. The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a team leader and senior care workers.

A relative told us, "It is a good service if I did not think it was they [person's name] would not be there". Another relative said, "I think it is a good well-run service. A relative told us, "The manager is very good". Another relative said, "The manager is spot on and professional". All of the relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had. The registered manager made themselves available and was visible around the home. During the day we saw the registered manager speak with and interact with people. Our conversations with the registered manager confirmed that they knew all of the people who lived there well.

Our conversations with relatives confirmed that the staff were well-led and worked to a good standard. A relative said, "The staff are good and know what they should do". Staff told us that they felt supported by the registered manager. A staff member said, "We have meetings regularly where we are given information and can raise any issues". Records that we looked at confirmed that staff meetings were held regularly. A staff member said, "I feel supported".

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to social services". We saw that a whistle blowing procedure was in place for staff to follow.