Scope

Harbour Close

Inspection report

8-11 Harbour Close,
Runcorn
WA7 6EH

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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

Overall summary

The inspection was announced and took place on 12 and 19 November 2015. The provider was given 48 hours' notice of the inspection because staff accompany people who live in in Harbour Close on shopping trips and outings and we therefore needed to be sure that someone was available in the office. This location was last inspected in March 2013 when it was found to be compliant with all the regulations which apply to a service of this type.

8 -11 Harbour Close is a purpose-built care facility providing personal care and accommodation for 12 people who have physical disabilities. The service consists of four bungalows each accommodating three people. The bungalows are owned by Liverpool Housing Trust and the service is managed by Scope. The home is located in the Murdishaw area of Runcorn and is within easy access of local amenities including shops, social and educational facilities.

There is a registered manager at Harbour Close. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that care was provided by a long term staff group in an environment which was friendly and homely. People who lived in Harbour Close spoke of it as their home.

Staff knew people well and positive caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways, including; verbally, and through physical gestures or body language.

The service had a robust recruitment process in place and used a matching process to ensure that there was compatibility between people and the staff who provided them with support. We found staff to have received an appropriate induction, supervision, appraisal and training which allowed them to fulfil their roles to their maximum potential.

Staff had received all essential training and there were opportunities for them to study for additional areas of interest. All staff training was up to date. Regular supervision meetings were organised and the newly appointed coordinator was in the process of planning supervisions with staff as well as annual appraisals. Team meetings were held and staff had regular communication with each other at handover meetings which took place at the end of each shift.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager was seeking authorisation for people under the Deprivation of Liberty Safeguards legislation.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They also had access to healthcare professionals as and when required.

Care plans provided comprehensive information about people in a person-centred way. People's personal histories had been recorded and their likes and dislikes were documented so that staff knew how people liked to be supported.

Complaints were dealt with in line with the provider's policy, but there had been no formal complaints logged in the last year.

People who used the service spoke highly of the staff and services provided. Staff presented as encouraging people who used the service to make decisions and choices in their lives to maximise their independence and enhance their life skills.

The 4 bungalows were well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

We noted that the provider did not have a corporate quality assurance system. However we saw that the registered manager of Harbour Close had devised a quality assurance system which was used to check on the quality of staff and services provided.

Summary of findings

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.

Staff told us they understood how to recognise abuse or potential abuse and

knew to whom to report concerns.

There were enough staff on duty to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

People were provided with a clean and hygienic environment to live in.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported wherever possible to maintain a balanced diet, although this was balanced against people's choice.

Good

Is the service caring?
The service was caring.

People had their privacy and dignity respected and staff supported them to maintain their independence.

People experienced positive, caring relationships with staff.

People were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People were provided with personalised care that was responsive to their needs.

People had access to a clear complaints procedure and had the opportunity to talk about their experiences of care and/or concerns about the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was an established registered manager in post and staff told us the registered manager and the care co-ordinator were supportive.

The procedures in place to monitor and improve the quality of the service had been reviewed and systems had been implemented to ensure people could have their say about the staff and services provided.

Harbour Close

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 was 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.

The inspection was announced and took place on 12 and 19 November 2015. The provider was given 48 hours' notice because the provider offered services for adults including escorting them to activities within the local community. This meant they were often out during the day; we needed to be sure someone would be in. We also needed to ensure staff would be available in the main Harbour Close office.

The inspection was undertaken by one adult social care inspector.

Before the inspection we checked with the local authority safeguarding and commissioning teams for any information they held about the service. We considered this together with any information held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we met with six of the people who used the service. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. Due to the nature of people's complex needs, we did not ask direct questions. We did however chat with people and observed them as they engaged with staff during their day to day activities. We spoke with six staff members as well as the area manager, registered manager and the coordinator.

We looked at records including three care files, two staff files, medication administration records (MAR), the training matrix, complaints and audit reports.

We looked around the buildings and facilities and, by invitation, joined people during their lunch time meal and looked in six people's bedrooms.

Good

Is the service safe?

Our findings

One person who lived in the home told us that they felt safe and happy within Harbour Close. They said "It is good here the staff look after me and keep me safe".

In our observations during the inspection we saw that people were supported by staff to be safe. People were protected from abuse and harm and in discussion staff told us that they recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One staff member said "I would report any concerns to my [line] manager and if they could not deal with it I would go to the registered manager". Another staff member told us that they had received training in safeguarding vulnerable people and explained about all the areas in which abuse could take place such as physical, mental and financial abuse. The six staff spoken with knew the process to follow in respect of whistle blowing.

Risks to people were managed so that people were protected. Accidents and incidents were dealt with appropriately and staff recorded and reported them promptly to the registered manager. Staff told us, and records showed, that the registered manager would then investigate the accident or incident, take necessary action and record outcomes. We saw that risk assessments had been reviewed in June 2015 and where necessary updated. Staff told us that risk assessments were reviewed following an accident or incident but at least annually and care records confirmed this. General risk assessments such as pedestrian access to the home, using a wheelchair, bed rails and infection control were all in place. One person's care plan showed they had been assessed as at risk in relation to being left on their own for more than a short period of time and of safety in the kitchen. Risk assessments provided information to staff and guidance on how people should be looked after to minimise the impact of any potential risk.

There were sufficient numbers of suitable staff who worked between the four bungalows to keep people safe. Staff rotas showed that there was a minimum of four support staff on duty between the hours of 7.30am and 10.30 pm with two staff being on duty during the night. The co-ordinator told us that more staff were employed subject to availability. On the second day of our visit, which was unannounced, we saw that five staff were on duty and another staff member had volunteered to work in order to assist with outings into the community. However staff told us that there were not always sufficient numbers of staff available to enable people who used the service to have daily outings. They told us that people who used the service liked to go out into the community but there was not always enough staff on duty to undertake this role. We saw records to show that the registered manager had been proactive in his efforts to recruit extra staff. He told us that this was proving to be difficult but he would continue with the recruitment drive and was hopeful that two new staff would be employed at Harbour Close in the very near future. The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty to provide the agreed level of support to the people who used the service. There were no people who needed one to one care and support living at Harbour Close at the time of our inspection.

The two staff files looked at identified that recruitment procedures ensured that applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. These checks aim to help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable groups. Two references were also seen on each file, in line with the provider`s policy. We looked at the dates on references and DBS checks and they confirmed that the employees had not started work before all the required security checks were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people.

As part of our inspection we looked at how the service managed people's medicines. We saw that people's medicines were stored safely. We reviewed three people's medicines. Staff told they had received training in prompting and administering medicines and the staff training matrix we looked at confirmed this. We noted that individual methods had been introduced regarding the medicines prescribed for a person who used the service in respect of the use of a rescue medicine in the event of

Good

Is the service safe?

seizures. Staff had received training in the use of administering oral medication via a syringe and they told us the circumstances in which this medication would need to be given. We saw that a staff member was allocated to check all the medicines recording sheets (MAR) twice daily to ensure they had been completed correctly and that all prescribed medicines had been appropriately administered. The service had a medicines policy which had been read and signed to confirm it was understood by all staff who administrated medicines. We saw that medicines were ordered in a timely fashion and any unwanted or out of date medicines were disposed of safely. We noted that staff used a dash on the medication recording sheets to advise that medication had not been provided. This was either that it had been refused or not required. We spoke to the registered manager and three staff members about this as the use of symbols on the MAR sheet would better ensure that the reasons for the medicines not being provided were clear.

Staff had received training in infection control and we saw they used disposable gloves and aprons as appropriate throughout our visits. The four bungalows presented as clean and free from unpleasant smells and obvious hazards on both days of our inspection.

Good

Is the service effective?

Our findings

One person who used the service told us that they had improved their mobility since being at Harbour Close. They said "Since I have been here I have got a lot better and I can move around more now".

We saw that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff followed the provider's induction programme and commenced their training. In addition they would shadow experienced staff as they learned about their job role and began to get to know the people they would be supporting. One staff member said "I shadowed other staff over ten shifts and then had two supervisions before I was signed off as being ready and confident to work on my own. I also did a lot of training during my first two weeks".

We saw records to show that staff received all essential training. These related to safety, fire, manual handling, food hygiene, infection control, food and nutrition training and training that focused on people and on communication. Staff were encouraged to work towards external qualifications, for example National Vocational Qualifications in Health and Social Care. Staff told us that they were also able to access specialist training in areas such as epilepsy, autism, mental health and managing challenging behaviour. Staff had also received training in effective communication. We saw that care plans detailed people's communication skills such as non-verbal communication and use of word boards. We observed that staff were able to enjoy effective communication with all the people who lived at Harbour Close.

Staff had supervision meetings with their managers and staff records confirmed this. We saw that issues such as training, holidays, support needs and medicines were discussed. Progress was measured against previous supervision, strengths and areas for improvement were discussed and action points set. Staff told us that the care coordinator had recently been appointed to their role and had been proactive in organising supervision meetings and appraisals for all staff.

Monthly team meetings were held. We saw minutes from past meetings however the minutes from the October one were not fully competed at the time of our visit. Staff told us that the meetings were valuable and discussions included health and safety, night duty, laundry and issues relating to people who lived at Harbour Close. Handover meetings were held at the end of each shift and these afforded opportunities for the staff to meet and discuss issues informally.

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 when receiving care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are set out in 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 were being met. We found that consent to care and treatment was sought in line with legislation and guidance. The provider was following the requirements for two DoLS authorisations and was complying with the conditions applied to each authorisation.

Staff spoken with understood the requirements of the MCA and put this into practice. They told us that some people had good verbal communication skills and were able to make day to day decisions, whilst others with more complex needs used signs or body language to indicate their agreement to care. People had been assessed regarding their capacity to make decisions and records confirmed this. Where people had been assessed as being unable to make a decision then a 'Best Interest' meeting was held. This is where health and social care professionals and, where appropriate, people's relatives get together to make a decision on the person's behalf. Staff spoken with demonstrated their understanding of the MCA and one staff member said "It's about looking at the person and assessing whether they fully understand a certain situation". This meant that consent to care and treatment was sought in line with legislation and guidance.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced

Good

Is the service effective?

diet. We saw that menus were planned around people's likes and dislikes and choices were provided for all mealtimes. During our visit we saw people asking for certain foods such as omelette, salad and toast. We observed people refusing to eat vegetables which had been prepared. Staff told us that they made casseroles and stews which contained vegetables but because they were included in the content of the meal people tended to enjoy them. However they said they always respected the people's choice of food to include the choice of their 'five a day'. They also said that all food intake and people's weights were recorded to check that there was no risk of malnutrition. Appropriate diets were in place for individuals, such as blended and soft diets so that people could eat their food easily. We saw that each person's weight was recorded monthly, so that any increase or decrease in weight could be monitored and managed safely.

People were supported to maintain good health and had access to healthcare services. People received support from a variety of professionals such as a GP, dentist, optician and chiropodist. Hospital 'passports' had been drawn up for people. These provided essential information for medical staff about people if they had to be admitted to hospital.

People's individual needs were met by the adaptation, design and decoration of the accommodation. Bathrooms were fitted out as wet rooms with wide doorways which made them more accessible for people who used wheelchairs. People's rooms were decorated in their favourite colours and were personalised with bedding, photographs and posters on display. Bedrooms had also been adapted for the use of hoists and moving and handling equipment.

Good

Is the service caring?

Our findings

People told us they felt well cared for by 'lovely kind staff'. Comments included "She [staff member] is so good and kind. I love her" and "He [staff member] jokes with me and makes me laugh and feel happy. I get good care and can do what I want because they [staff] always help me" and "We have two cats here, I have one and another person has the other. Staff help us to look after them and make sure they are OK. The staff are great".

We saw that staff knew people well and had established positive caring relationships with them. We observed that staff were kind, attentive and caring to the people who lived at Harbour Close. They understood their individual needs. We asked six staff about people's preferences and choices and they were all able to tell us exactly what care and support people wished for. They told us that a lot of information was written in the care plan and this was reinforced by asking people what they wanted. One staff member said "We care deeply about the people who live here. Our aim is that disabled people achieve equality and are as valued and have the same rights as everyone else. We try to provide leisure opportunities, social skills, self-advocacy and choice so that people can lead full and meaningful lives".

We saw that staff supported people to express their views and to be actively involved in making decisions about their care, treatment and support. These were communicated to staff in a variety of ways; verbally, through physical gestures, word boards or body language. Staff were able to understand people's individual verbal and non-verbal communications and respond in ways that gave people reassurance that they had been listened to. The care plans held clear detailed information about people's communication skills such as facial expressions and eye movement. As a consequence we were able to enjoy effective verbal and non-verbal communication with all the people we met during our visit.

Care plans had been signed by people or their representatives to indicate they had been involved in decisions about their care.

People's privacy and dignity were respected and promoted. Staff told us that they realised that people wanted their own space and were always mindful of this. They also told us "This is the person's home and we treat it as their home. We encourage people to feel a sense of belonging and settle in and be happy". We asked staff how they would assist someone with their personal care. Comments included "I treat them as I know they want to be treated. We get to know exactly what people want but I always ask them first, just in case they want anything done differently", "I always ask people before carrying out any personal care" and "I treat people with respect. I try to encourage people to be as independent as possible and I ask people what they want me to do to assist them". All staff spoken with told us that they always closed the bathroom or bedroom doors and closed curtains before assisting people with their personal care.

Records showed that staff encouraged people to be involved in the daily running of the household. We saw one person liked to do their own washing, another person liked to cook and clean and staff told us that they assisted and supported people to be as independent as possible.

Staff told us that people's relatives or friends acted as lay advocates if required. Records showed that other advocacy services could be accessed such as solicitors, who could represent the views and wishes of people who were not able to express their wishes themselves. We saw information on file about an advocacy service that was provided to people who lived at Harbour Close. This service was accessed via completion of a referral form a copy of which was held in people's care files. We noted that advocacy services were also available for staff. These included Age Concern, Compassionate Friends and Cruise Bereavement.

The care coordinator told us that they had enrolled on an end of life training course which was offered by Haltom Haven hospice. This training was in place to assist staff when caring for people who were nearing the end of their life. The aim of this was to ensure all people received high quality end of life care.

Good

Is the service responsive?

Our findings

People told us that they were happy living at Harbour Close. They said they were treated as individuals with individual needs. Comments included: “I like to go shopping and they [staff] take me”, “I like watching my television and listening to music. They [staff] help me to do this”, “I can go out to the shops when I want and staff help me to do the things I want to do” and “Staff don’t mind what you do and I treat this place like home”.

We saw that after a pre admission assessment had been undertaken and prior to a person moving into Harbour Close they were invited to visit for a meal then if they felt comfortable they were invited for a weekend stay. Staff told us that this assisted people to make their minds up about their future care and assisted staff to assess their needs.

We saw that when a person was admitted to Harbour Close a care plan was developed. We saw records to show that everyone had a care plan which identified people’s choices, needs and abilities. The plans were used to guide staff as to how to involve people in their care and how they could support them to achieve a good quality of life.

We looked at people’s care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people’s needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful events, family social contact, relationships, personal care, physical and mental health and emotional support.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs; dieticians, community mental health workers, speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that most of the people who lived at Harbour Close were able to enjoy community activities such as local clubs, shopping and bowling, although due to some staffing shortages this was not always as often as they wished. However people told us that this did not disadvantage them as they were generally in control of how they spent their time. Staff told us that although people liked to go out in the community they also had lots of indoor interaction with the people who lived in the home and enjoyed playing board games, knitting, arts and crafts, baking, watching television or just chatting.

Arrangements were in place to encourage feedback from people using the service. Informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities.

We saw that the home’s complaints policy was on the notice board in the foyer of the home and people told us they knew all about how to complain. However the people we spoke with told us that they had never needed to complain as the home was a good place to be. Records identified that the home had not received any formal complaints since the last inspection. Staff told us that they had daily open discussion with the people who lived at Harbour Close to check that everything was OK.

Good

Is the service well-led?

Our findings

Staff told us that they were well supported by the registered manager and the care coordinator. Comments included “We get good support”, “The leadership is good” and “The coordinator is supportive and approachable”.

The registered manager told us that that they had recently drawn up a questionnaire to be given to the people who lived at Harbour Close, and their relatives, to seek their perceptions of the staff and services provided. We saw this questionnaire was in easy read format with the use of written and pictorial information. Staff told us that this would be sent to people in December 2015 and their comments would be noted and acted upon if required.

Staff told us they worked well together as a team.

On speaking with staff they told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including safeguarding, health and safety, care issues and training expectations had been discussed.

We noted that the provider did not have corporate quality assurances systems in place. However we saw that the registered manager had devised a quality monitoring system for use in Harbour Court. The registered manager had audit checks in place for medication, care plans, hospital admissions, incidents and accidents, activities and menus. We looked at a sample of the audits and saw that where any improvements were required actions had been taken to minimise the risk of reoccurrence.

We spoke with the Area Manager for SCOPE who told us that the provider had employed a Director of Quality who was in the process of developing a corporate quality assurance policy which was due to be used by all SCOPE services in January 2016. However we saw that a monthly compliance tool kit was currently used which analysed all parts of the service to include training, supervision, safeguarding and health and safety. Records showed that the Area manager conducted monthly visits to Harbour Close and looked at outcomes and standards and drew up action and improvement plans where necessary. Discussions with the Area Manager identified that they provided supervision and support to the registered manager on a monthly basis and more often if required.

The service had policies and procedures in place to receive and respond to complaints should any arise.

We saw that people’s health and well-being was monitored and if any areas of concern were identified referrals were made to the relevant healthcare professionals to ensure that people received the support required.