

# Harbour Care (UK) Limited

# The Waves

## Inspection report

199 Churchill Road  
Parkstone  
Poole  
Dorset  
BH12 2JD

Date of inspection visit:  
15 June 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This was a focused unannounced inspection on 15 June 2017. This inspection was in response to concerns received. We inspected the 'Is the service effective' question.

At the last inspection in January 2017, overall the service was rated Requires Improvement. The 'Is the service effective' was rated Good.

The service does not have a registered manager. The acting manager is in the process of applying to be registered. 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.

The Waves is a care home without nursing in Poole for up to three people with learning disabilities. One person lives at the home and there were no plans for other people to move into the home.

At this inspection we found new shortfalls and breaches of the regulations. The person was subject to Deprivation of Liberty Safeguards (DoLS) and a condition of the DoLS had not been met. This potentially had a negative impact on the person's behaviour because of their allergies. This was a breach of the regulations.

There were shortfalls in the person's monitoring, incident and medication records and this was a breach of the regulations.

There were shortfalls in the staff skills and knowledge to be able to effectively support and care for the person. This was a breach of the regulations.

There was sufficient food and drink at The Waves on the day of the inspection. However, there were shortfalls in meeting Food Safety Regulations. We recommended the service follows the provider's food policies in order to meet the Food Safety Regulations.

We recommended the person has a nutritional risk assessment completed and a weight management plan be put in place. This was because their planned weight loss had not been assessed and planned for.

The acting manager updated us following the inspection with the actions they had taken in response to the findings of the inspection.

The person was not able to tell us their experiences because they had complex communication needs. They were happy, animated and communicating freely using Makaton signs with one of the longstanding staff members during the inspection. The person communicated with the second new member of staff by gesturing and taking them to the place they wanted to go to or activity they wanted to do.

At this inspection we changed the rating for the key question 'Is the service effective?' from Good to Requires Improvement. The overall rating for the service remained 'Requires Improvement'.

Further information is in the detailed findings below. Our previous comprehensive inspection from January 2017 provides information about the other areas that have previously been inspected.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

## Is the service effective?

Improvements were needed for people to received an effective service.

Requires Improvement 

# The Waves

## **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 checked 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.

This inspection took place on 15 June, was unannounced and was conducted by one inspector. The inspection was in response to concerns received.

Before the inspection we received information of concern from professionals and the person's funding authority.

We met, spoke with and Makaton signed (a type of sign language) with the person. We observed staff supporting the person. We also spoke with the senior support worker, the acting manager and a support worker.

We looked at the person's care and support records in relation to eating and drinking, consent and best interests decisions, Deprivation of Liberty Safeguards and their health. We checked there was sufficient food and drinks stocks and the food storage arrangements in place. Following the inspection, the regional director and acting manager sent us information about food safety policies and staff training and supervisions.

# Is the service effective?

## Our findings

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

A Deprivation of Liberty Safeguards (DoLS) application had been completed and submitted to the local authority. The local authority had authorised the DoLS and included a condition that was to be met. This related to replacing the lawn in the garden with artificial turf because the person had allergies and this had a negative impact on their behaviour and quality of life. At the last inspection in January 2017 the previous regional manager told us that the artificial turf was due to be laid in early spring and was aware that the condition of the DoLS would need to be met. However, at this inspection the artificial turf still had not been laid as required. This had potentially impacted on the person's behaviour and there had been a recent incident that staff had attributed to the person's hay fever.

This shortfall was a breach in regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the DoLS condition had not been met.

Mental capacity assessments and best interest decisions were in place for the person in relation to specific decisions such as the use of a locked door as part of a positive behaviour support plan and crushing of medicines and adding to foods. Following two safeguarding incidents whereby the person's door was locked, an hourly monitoring record was implemented. This was to make sure the door was unlocked apart from during any incidents where the person needed positive behaviour support from staff. However, this record was not accurately completed and there were some gaps in the monitoring records. This meant that because the records were incomplete we could not make sure the locked door was only used in the person's best interests.

We reviewed the person's incident records to make sure that the best interests decisions in relation to positive behaviour support plans had been followed. Staff told us about an incident four days prior to the inspection. However, at the time of the inspection this incident form had not been completed. This meant the acting manager was not able to review the incident, the circumstances leading to the incident and whether the staff had supported the person appropriately or whether the staff needed any additional debriefing.

The person's access to sweets and biscuits were restricted because they were in a locked cupboard. However, this decision had not been considered as to whether it was in the person's best interests and this was an area for improvement.

The person had access to the healthcare they needed and they were supported by a learning disability nurse. The person had a health action plan and this had not been reviewed since June 2016. This plan was due for its annual review to make sure the person's health needs were assessed and planned for. We reviewed whether the person received their medicines and creams to alleviate their health conditions. The records showed that overall the person received their medicines as prescribed. However, there were three gaps in the records for the administration of the person's nasal spray.

The shortfalls in record keeping for medicines, incident and monitoring records were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received concerns that there had been insufficient fresh food and cordial in the home the days prior to the inspection. In addition there were concerns raised that staff did not have access to petty cash or the ability to get any groceries. The acting manager acknowledged that there had not been any cordial and had now made arrangements for there to be plenty of cordial in stock so they did not run out. There were satisfactory arrangements for staff to access petty cash. Staff and or the on-call staff from a neighbouring care home could also shop and deliver food to the home. However, new staff may not have been aware of this. The acting manager showed us the previous weeks menu planner that included using food and ingredients from the freezer. Staff told us there had been some confusion as to who was ordering the food the previous week but the order and delivery had been completed and delivered as planned.

On the day of the inspection the food cupboards and fridge were well stocked with fresh, dry and frozen foods. However, the food in the fridge was not labelled as to when they were opened. There was a pot of hummus that was out of date by one day. The provider's food policy had not been implemented and there was not a system for checking when foods were out of date. It is recommended the service follows the provider's food policies in order to meet the Food Safety Regulations.

We reviewed the person's food records for the week prior to the inspection. The records included the foods the person had eaten. They had a range and variety of foods including a cooked evening meal the days the person was at home.

The person had an eating and drinking plan that gave staff clear guidance on how to support the person with eating and to minimise their risk of choking. The person had lost weight since the last inspection in January 2017. The acting manager told us this was planned weight loss and was from healthier eating. However, a nutritional risk assessment and a specific dietary plan had not been put in place to set the person's target weight and to make sure the weight loss was planned and at a safe pace. We recommended the person has a nutritional risk assessment completed and a weight management plan be put in place.

The person living at The Waves has complex needs and is supported by two staff 24 hours a day. The Waves shares the staff team with another of the provider's homes in the local area. At our inspection in January 2017 we found that overall staff had the skills and knowledge to meet the needs of the person. However, since then there has been a significant turnover of staff with only four of the original person's staff team still working at The Waves. There have also been agency staff used who may not have had the skills and knowledge to work with the person. Wherever possible the acting manager has made sure that any agency staff have worked alongside The Waves staff who have previously worked with the person. However, because most of the staff team is new this has meant there have been new staff working who cannot effectively communicate with the person alongside agency staff.

The acting manager and staff rotas told us that wherever possible new or agency staff worked alongside the longstanding staff. Staff worked 12 hours shifts at The Waves. During the inspection there was a

longstanding staff member and a new staff member working with the person. The person communicated freely with the longstanding member of staff as they understood their Makaton signs, words, sounds and actions. This meant the person was choosing to interact with the longstanding member of staff over the new staff member. This level of constant interaction with the longstanding staff member meant it was more difficult for them to have a break and or share the role of caring for the person.

The previous regional manager gave a commitment that all staff would be provided with Makaton (a type of sign language the person uses), positive behaviour support and physical intervention training by February 2017. This had not been provided and this meant staff did not have the skills and knowledge to safely support the person who communicated using words and Makaton signs and had complex behaviours that required a positive response. These positive responses included physical intervention. Positive behaviour support and physical intervention training was planned for the first and third week in July 2017.

In addition at the last inspection the previous acting and regional managers told us they planned to ensure that staff recorded each day what Makaton sign's and words the person was using to describe things. This was because the person could use the same Makaton sign for different things dependent on what they had been doing or watching. However, this had not happened and this meant important communication information was not shared with staff.

We spoke with a new staff member who told us they had received an induction and worked alongside existing staff as a third staff member before working as part of the staff team of two staff. They told us they were confident to work with the person and that they were slowly starting understand some of their communication and needs with guidance from longstanding staff. However, at the time of the inspection they had not completed any of their on-line training including any safeguarding training. This meant staff were not trained or aware of how to recognise or report any safeguarding allegations before they started working with the person.

These shortfalls in staff training were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager and staff team were looking at different ways of quickly increasing the new staff member's knowledge. Two of the longstanding staff were planning to do some role play at the next staff meeting so new staff could take part in some scenarios of how the person liked to be occupied or how to positively support the person's behaviour.

Staff told us they felt well supported by the acting manager and they had been available for any support or guidance when they needed it. The acting manager had met with all of the staff team and was starting to have one to one supervision sessions with them. This was confirmed by staff we spoke with.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  There were shortfalls in a DoLS condition being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were shortfalls in the monitoring, incident and medication records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were shortfalls in the staff's skills and knowledge to be able to effectively care for people.