Harbour Care (UK) Limited

The Tides

Inspection report

136 Lower Blandford Road
Broadstone
Dorset
BH18 8NZ

Tel: 01202604056

Date of inspection visit:
08 September 2016
09 September 2016

Date of publication:
21 October 2016

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

This inspection was unannounced on 8 and 9 September 2016.

There was a registered manager. 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 Tides is a care home for up to eight people with learning and or physical disabilities in Poole. At the time of the inspection there were six people living there.

Two people living at The Tides were able to talk with us. Some people communicated differently and were not able to tell us their experiences, we saw that those people and the people we spoke with were smiling, gave staff eye contact, and were happy and relaxed in the home. They interacted with staff and some of them interacted with the other people they lived with.

Relatives told us they felt their family members were safe at the home. Staff knew how to recognise and respond to any signs of abuse.

Risks to people's safety were assessed and managed to minimise risks. Staff followed any risk management plans in place for people. Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. People received the health, personal and social care support they needed. People's health conditions were monitored to make sure they kept well.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People were supported to take part in activities and try new experiences in the house and in the community. These were reviewed to see whether they had been successful.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff were recruited safely.

The culture within the service was personalised. There was a clear management structure and people, relatives and staff felt comfortable raising any issues. There were systems in place to monitor and drive improvements in the safety and quality of the service provided.

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.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The staff were caring.

Staff were genuinely caring and kind, they treated people with patience and were constantly aware of their needs.

People and staff enjoyed each other's company.

Staff provided care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Is the service well-led?

Good

There were systems in place to seek feedback from people's representatives. Actions were taken in response to any feedback or shortfalls identified.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

The Tides

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.

This inspection took place on 8 and 9 September 2016 and was unannounced and was conducted by one inspector.

We met and spoke with all six people. Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. We spoke with two visiting relatives. We observed staff supporting people. We also spoke with the registered manager, the area manager, a team leader, and four support workers.

Following the inspection we received email feedback from two relatives and we spoke with one relative by telephone.

We looked at three people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the registered manager sent us the service's internal action plan and staff training information.

Good

Is the service safe?

Our findings

People were relaxed with staff, freely approached them, made eye contact with and smiled at staff. Two people chatted with staff and sought staff attention. This indicated they felt safe at the home with staff. Relatives told us they felt their family members were safe at the home. One relative told they were reassured with the actions taken following a safeguarding incident that had adversely affected their family member.

There were posters displayed and in the manager's office about how people and staff could report any allegations of abuse. Staff had received safeguarding training as part of their induction and ongoing training. Some staff had refresher safeguarding training booked for September 2016.

The manager had reported allegations of abuse to the local authority and CQC. They co-operated fully with the safeguarding investigations.

Where any learning was identified this was followed up to minimise the risk of reoccurrence. For example, following one incident new sensors and specialist locks were fitted to one person's bedroom door. Staff meetings included a review of any safeguarding incidents and the learning and any subsequent actions were recorded in the minutes so all staff were aware.

Staff had received training in medicines administration. Staff had their competency assessed following completion of their training. This was repeated annually and if there were any concerns identified with a particular staff's administration practices. There were robust daily checks and audits of the medicines by staff administering the medicines. In addition the manager and team leader undertook weekly and monthly medicines audits.

Medication Administration Records (MAR) showed that medicines were administered as prescribed. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in people's 'as needed' care plans. Staff had been trained in the administration of epilepsy rescue medicines. There were systems in place for the recording, administration and storage of specialist medicines.

Some people had their medicines in food or drinks. Assessments had been completed with the person's GP, the pharmacist and the person's representatives to ensure that this was safe and in their best interests.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may require a positive response from staff. For example, one person had epilepsy and an additional complex health condition. There were clear risk management plans is relation to how staff were to respond when the person had a seizure. There were additional risk management plans as to what additional action, monitoring and medicines the person required in relation to their additional complex health condition following a seizure. This person's complex health condition could also affect their energy levels and behaviours throughout the day. There were clear positive behaviour support plans in place to support the person during these times. Staff were very

knowledgeable about this person's complex health needs and what actions they needed to take to keep the person safe.

Relatives and staff told us there were enough staff to meet people's needs. The manager told us that staffing was calculated on people's individual needs and they ensured that where people were funded for one to one staffing this was provided. Each day staff were allocated to work with specific people and one person had a specific team of staff who were trained to meet their individual needs.

We looked at four staff recruitment records and spoke with one member of staff about their transfer to the home from another home in the organisation. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. In addition all new applications included an on line personality test to ensure new staff had the personal attributes to work with people with learning disabilities and complex needs. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. There was planned programme of maintenance and redecoration. One person told us they had chosen the new colour for their bedroom and lounge.

A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area. During the inspection they were decorating and adapting one of the bedrooms in preparation for a new person moving in.

Good

Is the service effective?

Our findings

Parents and relatives told us and we saw staff had the skills and knowledge to effectively support and care for people.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. Because of the specific needs of one person all staff were trained in the use of specialist epilepsy rescue medicines. Staff were also trained in diabetes so they could meet the needs of another person.

Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. New staff were completing the care certificate which is a nationally recognised induction qualification. There was a training plan in place.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with the manager and team leader. The manager and staff said and records showed staff had their annual appraisals.

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.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. There were systems in place for monitoring and ensuring any conditions set by the authorising authorities were met. The manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. For example, mental capacity assessments and best interest decisions had been made for one person in relation to routine blood tests for their specific health conditions, the use of a listening monitor to monitor their seizures and the use of bed rails.

Staff sought consent from people before care and support was provided. For example, staff asked one person if they were ready to move to another room and waited for their response before supporting them.

Staff were knowledgeable about how communicated and gave their consent.

Each person had a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions including what body language and or words they used. For example, one person showed consent to personal care by allowing staff to provide this support. However, if they did not give consent to personal care they would vocalise and push staff away. These profiles also included when staff would need to consider undertaking a mental capacity assessment and best interest decisions for the person.

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly or weekly dependent on the risk for each person. Action was taken if their weight changed significantly. One person had gained weight to meet their target weight following many years of being underweight. There was a clear nutritional plan in place for this person that included them having additional prescription drinks through a PEG (percutaneous endoscopic gastrostomy) feeding tube that is placed through the abdominal wall and into the stomach. Relatives and health and social care professionals commented positively on this person's progress.

People who had specific needs in relation to swallowing had their food prepared and drinks thickened to the consistency described in their SALT (Speech and language Therapist) plans.

The menus were planned four weekly and were based on people's preferences. One person was allergic to certain foodstuffs and there were arrangements in place to make sure their food was not contaminated. They had an alternative meals cooked separately when any foods they were allergic to were on the menu.

People had health care plans in place and they used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow.

People's health conditions were closely monitored and procedures were followed as detailed in their care plans. For example, one person needed their oxygen saturation levels to be monitored three times a day to ensure they stayed well.

People had recently had their annual health checks with their GP.

People had access to specialist health care professionals, such as physiotherapists, community mental health nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

Good

Is the service caring?

Our findings

We saw good interactions between staff and people. One person said, "It's good living here" and another said, "I like it here".

Relatives told us staff were caring and good relationships with their family members. One parent told us staff were very compassionate. They added when their family member was in hospital they were reassured because the staff from the home stayed at the hospital with their family member. This was to make sure they had the care and attention they needed.

Staff smiled and they were relaxed and friendly, they were kind and they treated people with patience and respect. They spoke fondly about people and told us they enjoyed the time they were able to spend with people. They clearly cared and were proud when people tried new experiences and achieved any new goals.

Staff were respectful of people's privacy. They knocked on people's bedroom doors and discreetly took people to the toilet or to have personal care. People's care plans included when and how people's privacy was to be respected when they wanted time in their bedrooms alone. One person had an audio device that was used at night to monitor any seizures. This device was turned off whilst the person was receiving personal care and when the person chose to spend set periods of time alone in their bedroom.

People were encouraged to be as independent as possible. For example, one person indicated they wanted a drink by taking their cup and taking it to the tap. Staff supported another person to take their dirty crockery to the sink when they had finished their meal.

People were involved in choosing new staff in whatever way they were able to. For example, when a prospective staff member was shown around one person freely approached the person and was very animated with the prospective staff member. The staff member was successful and now worked as part of the person's staff team and the positive relationship had continued.

Relatives told us they were always made welcome and offered a drink. They told us they were free to visit whenever they wanted. Two relatives told us they always came with their small children and they were also made to feel at home when they visited.

People had a planning for the future plan that considered any end of life wishes. As most people were not able to contribute to this plan their relatives and or representatives had been consulted.

Good

Is the service responsive?

Our findings

Observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. People's care plans were reviewed monthly. In addition each person had an annual review. Where people were not able to participate in these reviews their family members or representatives were invited and consulted.

Staff supported people as described in their care plans. For example, staff moved one person using a ceiling hoist and used the equipment and hoist slings as described in the person's care plan. They involved the person at all times whilst they were moving them and encouraged them to do as much as they could for themselves.

People's care plans had been updated as their needs changed. One person's mobility needs had changed following a hospital admission. The person was referred to an occupational therapist and physiotherapist to make sure they had the correct seating equipment and to develop a new exercise plan. The person's care plan had been updated to reflect these changes.

The service was responsive to people's needs. For example, in response to one person's need for more space an extension had been built. This was so the person had their own separate space and bathroom and independent access to the garden. Staff told us and we saw this person valued having their own space and own staff team. They were relaxed, animated and happy with staff. The manager and staff told us there had been a reduction in incidents where the person was unhappy and needed positive behaviour support from staff.

People's care records included their life history, important relationships, how they communicated their strengths, things they enjoyed and things they didn't like. People's care plans were personalised and focused on them as individuals. For people who did not communicate verbally their care plans included photographs of how the person looked when they were happy, animated and content. As it was not appropriate to include photographs of people when they were upset or angry their care plan described how they presented and their facial expressions.

People were supported to take part in activities they enjoyed both in the home and in the community. People had a session with a visiting aromatherapist. One person visibly enjoyed having the house to themselves when everyone else went out and had classical music playing and a hand massage from staff. Another person enjoyed running around with staff in the garden. Some people enjoyed each other's company and went out to some activities together. During the inspection people went swimming, to day services, to the local church, shopping and to a café. Staff told us one person enjoyed going on public transport and had been to a Thai festival in a local park the previous weekend. Staff had started doing a

themed evening once a month where they tried different foods, dressed up and did activities. We looked at the photographs of the 'Mexican' evening with two people who told us they had had fun and dressed up.

Two parents told us they had discussed with the manager that their family member spent too much time in the house watching DVDs. They acknowledged that they had been listened to and action taken. We also discussed this with the manager and records showed and during the inspection the person participated in different activities in the house and went out for activities. There was a planned programme of activities for this individual and staff were trying different activities with the person to see if they liked them.

There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried.

Parents and relative told us they knew how to make a complaint. They told us that when they did complain or raise concerns the staff and manager were very quick to respond and address anything.

We reviewed the two complaints received in the last year. The learning from any complaints was shared at staff meetings.

Good

Is the service well-led?

Our findings

The registered manager had previously worked at the home as manager in 2014. They returned to work at the home again in July 2015. Relatives and staff told us the home had been through a period of instability during this time when there were different managers in post. Relatives and staff told us things at the home had improved and were continuing to improve. One relative wrote to us they believed the home was 'entering a more settled phase'.

Observations and feedback from staff, relatives and professionals showed us the home had a person centred culture. This was because there were regular opportunities for people to contribute to the day to day running of the home through 'Your voice meetings'. These meetings were held on a monthly basis. Because people had different ways of communicating these meetings included photographs of the meetings and what people had been doing over the last month. We looked at these photographic meeting minutes with one person.

Relatives told us they were kept informed and were consulted about important things if their family members were not able to make these decisions themselves. For example, one relative told us they received regular emails and texts from the manager updating and or consulting them about their family member.

There were a small number of omissions in one person's records of their daily physiotherapy exercises. The manager was aware of these shortfalls and had already identified this as an area for improvement with the staff team.

There was an employee of the month scheme and they were rewarded with a box of chocolates of their choice. Staff were nominated each month by their colleagues and there was a poster displaying who it was for that month. Staff told us they really valued this scheme and it made them feel that they were appreciated by colleagues and the manager.

Staff told us they felt valued involved in important things at the home. We found, from staff records and from speaking with staff, they understood their roles and responsibilities. The staff were committed to people and wanted to look at ways of improving people's lives. There were monthly staff meetings and the minutes were available to staff.

Staff knew how to whistleblow and information was displayed. The manager gave us an example of when staff had whistleblown to them. This had resulted in a safeguarding referral being made and staff disciplinary action being taken.

There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. This unannounced internal review had happened the week before this inspection. The manager sent us a draft copy of this review and they had already taken action to meet any areas for improvement identified by the quality team. In addition, the manager and staff team undertook reviews of

medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents. We saw that where any shortfalls were identified in these reviews actions were taken.

Unannounced evening, night time and weekend spot checks were undertaken by both the manager and other managers in the area. Records of these visits were kept.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents or incidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from safeguarding, accidents, incidents and complaints. The manager fed back at staff meetings any learning.

The manager told us they were very proud of how the staff team had stepped up in terms of the staff team using their own initiative to try new activities and give people the opportunity to try new experiences.

The manager kept their practice up to date by attending local professional forums and learning groups. The manager was undertaking a National Vocational Qualification in management.

The manager notified us of important events and incidents as required by the regulations.