

Anson Care Services Limited

# Harbour Home Care

## Inspection report

Harbour House, Penberthy Road  
Portreath  
Redruth  
TR16 4LW

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12 October 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harbour Home Care is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were five people using the service. The service is located in the building of Harbour House, a residential care home. Both services have the same registered manager.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

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

Harbour Home Care is a small service providing support and care to five people, many of whom staff know very well. The staff team who visited people had been very stable. This had led to very person-centred care and support being provided. The deputy manager oversaw the day to day running of the service and along with the registered manager stepped in to cover any short notice sickness absence in the staff. However, there was a lack of robust systems to ensure consistent recording and monitoring of service provided.

Risks were identified, assessed and recorded. However, we could not see any evidence of regular reviews of identified risks. The registered manager stated they had made visits to people's homes and carried out reviews, but it was not possible to find the records of these visits.

Care plans were completed for each person and contained details of some people's needs and preferences. However, care plans did not have a consistent format. Each one we reviewed included slightly different documents. Information was not held securely, with pages found loosely in a folder or card. This meant it was easy for pages to fall out, get mislaid or misfiled. Some important information was not always included in care plans, to direct and guide staff. For example, if the person was living with a long-term condition such as diabetes or had an increased risk of injury.

Confidential personal information was held in care plans, some presented a security risk. For example, the combinations to the key safes, used by staff to access keys to a property where the person was unable to open the door themselves. We asked the registered manager to take immediate action to remove this information and re-set all the combinations for safety reasons.

Harbour home care had a stable team of four staff. Recruitment procedures were in place. However, personnel files were also not held in an organised consistent format, with loose pages not securely held together. This meant information was difficult to find and could easily become mislaid.

Some people received support from staff to buy things. For example, staff regularly purchased food and general shopping for some people. There was not a robust process in place for staff to follow when recording these transactions. There was no management oversight of these financial records.

We were told staff supported some people to take their medicines. We asked to see the Medicine Administration Records (MAR) which staff completed to evidence their actions. The MAR's were not completed in an appropriate manner; however, it became evident upon further discussion that the staff were not actually prompting or administering any medicines, merely checking if medicines had been taken. We advised the provider to amend these care plans.

There was no evidence in any care plans of the registered manager having obtained signed consent from people, who had capacity, to indicate they agreed to receive care, and to the content of their own care plan. There were no records in the care plans of any Lasting Power's of Attorney (LPA's) held by people they supported.

When staff arrived at a planned visit but unexpectedly found no one at home, there was no consistent process in place for staff to escalate this concern, to help ensure the person was safe and well.

The service had not implemented any quality assurance systems to monitor the quality and safety of the care provided. One relative told us, "Since we started the visits, several months ago, no one has been in touch with us to check how it is going." One person who received a service from Harbour Home Care confirmed that "I have not met the registered manager. No-one has been to ask me how things are going. Although I am quite happy."

The registered manager did not have a robust system in place to manage information. Some paper care records were held in people's homes and there were some copies in the office, although these records did not always tally. There were also electronic copies of care plans and assessments, but this information was inconsistently organised and could not be provided for review. Throughout this inspection the registered manager struggled to find information requested.

People were supported by staff who had been appropriately trained and were skilled in their role. However, staff did not receive formal supervision or appraisal in accordance with the providers policy. Staff told us they felt well supported. Comments included, "(Deputy Manager) is amazing. We don't have formal supervision, but I can get what support I need" and "I can't recall having had any supervision but we can talk on the phone if needed."

Staff understood the importance of respecting people's diverse needs and promoting independence. Some people using the service, had issues with their capacity. However, no assessments had been carried out or best interest meetings held when decisions were made on behalf of another person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; although the policies and systems used in the service did not always support this practice.

Spot checks were carried out by the deputy manager to monitor staff performance.

People told us they felt safe with staff. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

We re-registered this service on 20 August 2021, and this was the first inspection. The last inspection of this service, under the same provider, was rated good (published 11 April 2019)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We found breaches of the regulations at this inspection. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Harbour Home Care

## Detailed findings

### Background to this inspection

#### Inspection team

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

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered in post.

#### Notice of inspection

We gave the service three days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed three people's care plans and risk assessments. We looked at one staff file in relation to recruitment. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with six staff including the registered manager, the deputy manager and the operations manager. We spoke with two people who received a service and one relative. We also spoke with a visiting healthcare professional

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Some risks associated with people's care needs were identified, assessed and recorded. However, one person was living with diabetes and whilst there was information provided about the symptoms of high and low blood sugar, the fact that they were diabetic and receiving insulin from the community nurses was not mentioned in their care plan or in the guidance for staff at each visit.
- We were told of an increased risk in some people's needs. For example, increased confusion and decreased mobility. The deputy manager confirmed some people were 'deteriorating'. Staff told us, "(Person's name) is a bit of a liability really, they are very vulnerable to injury. I am not aware of any risk assessments or review. I don't think there are any in the house," "(Person's name) walking is getting terrible, they cannot speak well now. I am not aware of any review or change in what we do." and "I saw (Person's name) putting boiling water into a black bin liner to use as a hot water bottle." However, there was no evidence of any review of the person's needs to help reduce these identified risks.
- One person who used mobility aids had no moving and handling risk assessment in their care plan. Another person who had a moving and handling risk assessment in place had not had it reviewed in two years.
- Staff supported some people to purchase things such as food and other items. People's personal money was handled by staff. There was no consistent system in place for staff to record cash spent or keep a tally of any cash balance returned to the person. There were no management audits of the money staff handled. This meant staff could be open to challenge or accusation with no audit of their actions.
- Some people were unable to answer the door to let staff in for visits. Keys for staff to access were often placed in key safes, fixed outside of the person's home, with a combination needed to open them. The combination for these key safe's was clearly recorded in the visit guidance for staff and on the front page of the care plans. This was a security risk as such information, openly displayed, could allow anyone to access the door keys. The registered manager confirmed to us, following the inspection visit, that they had changed all the key safe combinations and no longer record this in the care plans.
- Not all care plans contained environmental risk assessments. These should be completed to inform staff of any risks to them when visiting specific people in their homes.
- The service had not implemented a robust 'no reply' process and procedure for staff to consistently follow when there was no answer at a house at the planned visit time. When reviewing the daily notes made by staff, we noticed entries such as "Gone out" indicating the person was not at home at the time of their visit. The next recorded entry was not made until the next planned visit at 11.30 am the next day, with no other action recorded to establish if the person was safe and well. We advised the registered manager to take

action to ensure staff acted in a consistent manner when people were unexpectedly not present in their homes. Staff confirmed that some people were often out when they visited and went on to tell us how at risk they were, saying 'Their mobility outside is dreadful, they have fallen and are deteriorating.' All the staff we spoke with told us they would respond in a different way to not getting a reply at a person's home.

The failure of the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

#### Staffing and recruitment

- There were sufficient staff to ensure people received their visits as planned.
- Staff assured us that people's needs were being met. People confirmed this. Comments included, "I always get my visit when I expect it. They (Staff) always ask if there is anything else I want doing" and "I have regular carers, they don't let me down."
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. Induction was recorded. However, personnel files were not held in an organized consistent format, with loose pages not securely held together.

#### Using medicines safely

- We were told by the deputy manager that during one person's visit, staff were required to prompt the person to take their medicines. The community nurses confirmed to us that they had handed this role over to Harbour Home care staff. Staff confirmed to us that they reminded this person to take their medicines. However, there was no reference to this issue in the person's care plan or any guidance for staff to do this.
- We were told staff were completing Medicine Administration Records (MAR's) for people who needed support to take prescribed medicines. There were no MAR's charts available in the office. We asked for them to be bought in to the office, from people's homes, for review. These records were not being completed appropriately. For example, the MAR just stated "Medicines given" with no detail of what the individual medicines were. Upon further discussion with the registered manager and operations manager it became apparent that no-one actually needed prompting or support to take medicines and they were independently taking them. Staff were merely 'checking' that the person had taken their medicines each visit. It was agreed that MAR charts were not necessary and were removed and the care plans reviewed to reflect this.

We recommend the service take advice and guidance from a reputable source regarding the assessment of people's needs regarding medicines and how care plans should record this.

- Staff were trained in medicines management.

#### Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe being supported by Harbour Home Care.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the registered manager.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. The service held sufficient stocks of personal protective equipment (PPE) for staff to carry with them on all visits.
- People confirmed staff always wore PPE to support them when delivering personal care.

#### Learning lessons when things go wrong

- Any accidents and incidents which occurred were recorded. One incident had been recorded and this record remained in the incident book and had not been filed in the person's file. This did not protect the confidentiality of the person involved. The deputy manager removed this and filed it securely during the inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before the service began to ensure the service could meet them. The service relied on the Cornwall Council assessment of need to commence care visits. Some care files held at the office did not have a care plan that had been completed by Harbour Home Care. We were told these would be in the person's home. We asked the deputy manager to collect one from a nearby home. The care plan could not be found. We were told the person may have mislaid it. It was not clear when it was last seen.
- People had been asked for their preferences. Care plans varied in the amount of direction and guidance provided for staff on how to meet a person's needs. Care plans were not held in a consistent format. Many did not have risk assessments. Care plans did contain details of people's choices and wishes.

The failure of the provider to always maintain accurate, complete and contemporaneous records in respect of each service user is contributing to the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Some people who were being supported by Harbour Home Care were living with dementia and their ability to make safe choices and decisions was deteriorating. Staff told us, "(Person's name) memory is dreadful, it is a concern, I handed this over to the manager recently and she said she would speak with the

operations manager. It has been building for a time now. Neighbours told me they had heated up a pasty over a boiling kettle" and "(Person's name) is very obsessed with their rubbish, they take it all out of the bin once we have put it in there." No mental capacity assessments had been carried out in the care plan and there had been no review following the concerns raised by staff.

- We were told of steps that had been taken to reduce the risk of a person using their microwave in an unsafe manner. Staff told us, "We agreed with the family we would take the fuse out so they could not use it." There was no best interest meeting recorded for this decision to be taken. It was not clear if the family had the legal power to make this decision on behalf of the person.
- There was no record in the care plans of people who had appointed Lasting Power of Attorneys (LPA). The deputy manager told us they thought head office may have this information but it was not available to staff and not obtained for review.
- There was no evidence of recorded consent, by people who had capacity to consent for themselves, in any of the care plans. This meant it was not possible to know if they had been shown a copy of their own care plan and if they agreed with its contents.

The failure of the provider to ensure the Mental Capacity Act 2005 and its associated Codes of Practice were not being fully implemented in the service was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014

- Staff received training in the MCA.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision and appraisal in accordance with the providers policy. The registered manager held a record of staff supervision since they took up the role in May 2020. It contained the date of one group staff meeting. There was no record of staff appraisals.
- Staff we spoke with confirmed that they did not have any planned recorded one to one supervision with their manager. However, staff expressed that they were able to access support if required. It was a small service where staff and management met up at visits regularly. Staff picked up rotas each week in person from the office when they called to pick up PPE, they were able to speak with a manager if needed.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

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

- People were supported with the dietary needs where this was part of their care plan.
- Staff had completed food hygiene training. This meant we were assured that all staff maintained safe food standards and hygiene practices. People confirmed that staff purchased food on their behalf and prepared meals for them.

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

- The registered and deputy managers involved a range of health care professionals in the care of people, such as GP's and community nurses.
- Staff often went above and beyond to support someone at risk. One person was hard of hearing and staff had recognised they would not hear a smoke alarm should it sound. Staff arranged for the Fire Service to visit and provide them with a vibrating device which when placed under their pillow would wake them should the smoke alarm sound. Another person wanted to find a new hairdresser, so staff helped them to

ring several local salons to find one that met their needs and that they were now happily visiting a new salon.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity.
- Where people were unable to express their needs and choices, care plans did provide some detail on their ways of communicating.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

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

- A stable staff team visited a small number of people who they knew very well. However, care plans were not regularly reviewed. We found that some people's needs were changing and although we were assured by people, relatives and staff that needs were being met, this was not always recorded in the care plans.
- People were supported to express their wishes and be actively involved in making decisions about their care and support. The deputy manager visited people very regularly to check on care provided but this was not recorded.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People told us that staff promoted their independence were possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. The rating for this key question is good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- There was information held in care plans which showed people's, routines and preferences. Care plans contained some information regarding the person's past life.
- People told us staff supported them well. Relatives were happy with the care provided.
- We were told of incidents where care staff responded late in the night if a report of concern was received. Staff were living locally to the people they supported and often noticed changes in regular habits. For example, if someone's lights were not seen turned on or off at certain times.

### Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to.
- The deputy manager had a system for recording any complaints. No complaints or concerns had been received by the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. For example, one person wanted to go in to Harbour House, the residential care home in which the Home Care service was situated, for respite. However, they did not want to be separated from their much-loved dog. So, staff made arrangements for the person to bring their dog in to the care home with them. Staff also agreed to dog-sit should the person go into hospital. This helped put the person's mind at rest and they were able to accept support and any required treatment.
- Staff supported people to access the local community, taking them out in their cars to attend appointments, for fish and chips or to go shopping for something the person wished to purchase.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication.

### End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were no regular auditing or monitoring processes in place at the time of this inspection. This meant that the registered manager was not aware if there were any changes needed in the delivery of the service and opportunities to improve the service may have been missed.
- There was no system in place to regularly review care records. Daily notes were returned to the service, but this was not done in a systematic way. There was no indication that these records had been audited to ensure the correct amount of time was being spent on visits as commissioned. Staff told us some people's homes had many months of records held there. When the deputy manager visited one person's home to clarify some information for the inspection, they could not find any care plan. It was not clear how long the care plan had been missing.
- The service had a manager registered with CQC, who was also the registered manager for the care home, Harbour House, in which this service was sited. The deputy manager had day to day oversight of the service and provided care when required. The managers were very knowledgeable about the people they supported. However, opportunities to audit financial transactions, risk assessments, care plans and carry out robust quality assurance were missed.
- Paper records completed by staff and management were not held in a consistent format or securely fastened into a folder. There were no sections to any care plans or personnel files so specific information was difficult to identify. The registered manager also held an electronic record of care plans. However, we found multiple versions of the same person's care file were held and it was difficult for the operations manager to identify the most recent version.

The failure of the provider to maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provider to the service user is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the service received from Harbour Home Care.
- The culture of the service was open and transparent.
- The management team was very committed to providing the best care to people, often working outside of

regular working hours to support a person

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The registered manager was aware of the need to notify CQC of any incident in line with the regulations. No notifications had been received from the service.

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

- People had not been formally asked for their views on the service. However, the deputy manager visited people regularly to check on them.
- Feedback from people, relatives and healthcare professionals was consistent in the care that the service provided was good but it was agreed that record keeping was not robust.
- Some staff had attended the only staff meeting held since the registered manager commenced their role. Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service. Staff comments included, "I feel supported by the deputy manager" and "I am happy in my work."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to effectively implement robust processes and procedures regarding the use of the Mental Capacity act 2005 and the associate Codes of practice in the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of service users. The provider also failed to maintain accurate, complete and contemporaneous record in respect of each service user.</p>