

Tamaris Healthcare (England) Limited

Harbour View Care Home

Inspection report

14a Bransty Road
Whitehaven
Cumbria
CA28 6HA

Tel: 01946599963
Website: www.fshc.co.uk

Date of inspection visit:
17 March 2022

Date of publication:
12 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harbour View Care Home is a nursing home providing personal and nursing care for up to 50 adults. 45 people lived at the home at the time of the inspection.

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

People told us they felt safe living at the home and were supported by staff who knew how to raise safeguarding concerns. Safeguarding procedures were in place to protect people from the risk of abuse, and to educate staff on how to recognise and respond to concerns. However, infection prevention protocols were not robustly followed, and we were not assured by measures in place including measures to reduce the risks associated with COVID-19. We made a recommendation about infection prevention practices.

Risks to people were assessed and, in some cases,, actions had been taken to reduce the risks however, this was not always consistent because risk assessments were missing or not always up to date. People were supported to receive their medicines, however there were areas of improvement in staff training, record keeping and storage of unwanted medicines. We made a recommendation about medicines management.

Staff were recruited safely and there were adequate numbers deployed to support people. The premises and equipment have been serviced and maintained in line with manufacturer's recommendations.

The registered provider and their staff used a variety of methods to assess and monitor the quality of the service. However, the provider's systems and processes needed to be robust to ensure shortfalls were identified and acted on in a timely manner; including recommendations from other professionals. There had been a delay in rectifying shortfalls in IPC practices. Staff worked in partnership with a variety of agencies to ensure people's health and social needs were met. The provider had sought relevant authorisation to protect people from unlawful restriction under Deprivation of Liberties (DoLS). We received positive feedback from staff regarding management.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good (published 09 November 2018)

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention practices, shortages of basic supplies and medicines management practices. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the

information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harbour View Care Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will work alongside the registered provider and local authority to monitor progress and 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Harbour View Care Home

Detailed findings

Background to this inspection

The inspection

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Harbour View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. They had recently left, and an interim manager was in charge. This means that they and the registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including information from the registered provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The registered provider was not asked to complete a registered provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who lived at the home about their experiences of the care provided. We spoke with 13 members of staff including the interim manager, two regional managers, housekeeping staff and maintenance staff on the inspection. We reviewed a range of records. This included eight people's care records, multiple medication records, accident and incident records, three staff recruitment records, rotas and staffing records and we looked at a variety of records relating to the management of the service. We walked around the home and observed the environment and interactions between staff and people.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records and sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

Using medicines safely

- Before the inspection we received concerns that people did not always have adequate stocks of medicines and a person had gone without their medicines for three days. We review these concerns which showed the manager and staff had experienced some difficulty in obtaining medicines for one person however this had been resolved and was not widespread.
- The provider needed to improve their medicines management practices to support the safe use of medicines. While nursing staff had received training and competence checks, not all staff who administered medicines such as topical creams had received medicines awareness training. In addition, nurses were signing for the administration of thickening powders when they had not witnessed carer staff administering them. The manager took immediate action to address this.
- People's medicines were stored safely however improvements were required to the safe storage of unwanted medicines awaiting disposal. This was because we found stocks of these medicines were not stored in line with guidance and could be easily accessed.
- Staff had guidance to follow when medicines were prescribed to be given "when required" or with a choice of dose. While most of the medicine's records were accurate, staff needed to ensure details of people's allergies were accurately recorded in all medicine's administration records. The manager took immediate action to address this.

We recommend the provider consider current guidance on medicines management training and medicines waste disposal and take action to update their practice accordingly.

- We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.

Assessing risk, safety monitoring and management

- The manager and their staff assessed risks to people, and, in some cases, risks were reviewed, and correct action was taken to reduce the risk. However, the risk monitoring process needed to be consistent. People's moving and handling risk assessments did not always provide clear guidance for staff on how risks needed to be managed. Improvements were also required to the guidance provided to monitor risks associate with dietary requirements, diabetes including blood sugar levels or hypoglycaemia.
- While risks had been assessed in various areas and staff knew those at most risk, we found risk assessments were not always up to date to reflect risks. People with medical attachments such as percutaneous endoscopic gastrostomy tubes (PEG) did not always have risk assessments on how to

manage and monitor the attachments. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach to allow nutrition and fluids to be put directly into the stomach. Guidance was required especially where a person had a history of dislodging the tube. The manager took action after the inspection and rectified this.

- People were protected against risks associated with fire. The provider had carried out regular checks and servicing on the premises and equipment in line with manufacturers' recommendation.

Preventing and controlling infection

- The registered provider's systems to protect people, staff and visitors against the risk of infection were not robust. Before the inspection we received concerns regarding the infection prevention and control practices including use of staff use PPE and observing to COVID-19 monitoring guidance. We found these concerns were ongoing.

- During the inspection we observed three staff not wearing face masks and some not wearing them as recommended. Clean laundry was stored in bathrooms and not all toilets had pedal operated bins as recommended. These practices would increase the risk of cross contamination. We noted these concerns had been raised by the local Infection Prevention and Control professionals and had not been addressed promptly.

- We were somewhat assured that the provider was accessing testing for people using the service and staff. However, the system for monitoring that staff were following the testing requirements before attending work were not robust. This was because the provider had no demonstrated how they had checked staff on duty had tested themselves before commencing work.

- While the provider carried out regular infection prevention audits and cleaning schedules were in place, they needed to ensure actions were taken promptly to address shortfalls by external professionals and their own staff.

We recommend the provider consider current guidance on IPC guidance and take action to update their practice accordingly.

Staffing and recruitment;

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

- The provider operated systems to ensure there were enough suitably qualified staff to meet people's assessed needs. One person said, "There is enough staff here if I ask for help they will come and help me." Everyone we asked shared the same comments.

- The provider had a system for assessing staffing requirements in the service. Rotas and our observations showed that there were adequate numbers for staff to support people in a timely manner. We observed staff responding to people's requests for support promptly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse and their human rights were respected and upheld by staff who had received training on safeguarding adults. One person said, "I am undoubtedly safe here and have no concerns about the staff or my care." And, "The care I receive is as safe as it can be of course it's not my home." Staff had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns.

- The manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.

- The provider had systems to record and review and investigate accidents and incidents. Medical attention was had been sought where that was required. Lessons learnt from incidents were shared among the staff team to prevent re-occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Staff and management understood their roles in relation to quality performance and regulatory requirements. The provider had established a governance system to monitor and evaluate the quality of the care provided and to ensure compliance. However, during this inspection, we identified areas where the governance system had not been effectively implemented to promptly address shortfalls. This included areas such as compliance with IPC guidance, addressing shortfalls from external audits and care plans audits. This meant further improvements to the system for oversight and accountability were required.
- The registered manager had recently left, and an interim manager had been appointed.
- The registered provider had established formal audits to check the quality of care and people's experiences of receiving care to help the service to continuously improve. However, they needed to be effectively implemented to identify shortfalls in areas such as medicines management, risk assessments and care plans. We identified shortfalls that had not been identified by the audit system before our inspection.
- Before the inspection we received concerns regarding the shortage of basic supplies such as groceries in the home. During the inspection we found management had identified the root cause and had taken action to address the issue. Our observations showed there were adequate supplies and a new system for monitoring and ordering supplies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and their staff engaged with people and considered their equality characteristics and they worked in partnership with other agencies including local health professionals and hospitals.
- People told us they were involved in the planning of their care. Comments included, "The manager is very good; I can always raise issues with her"
- The manager had developed close links and working relationships with a variety of professionals within the local area.

Planning and promoting person-centred, high-quality care and support; 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 provider had systems for promoting person-centred care to support high-quality, person-centred care. Care records reflected people's preferences and opinions.

- The manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding concerns and serious incidents as required by law.
- The provider had systems to ensure that people could only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. They had sought relevant authorisations in line with The Mental Capacity Act 2005 (MCA).
- People told us the staff team shared information with them when changes occurred, or incidents occurred.