

Harbour Healthcare Ltd

Elburton Heights

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elburton Heights is a care home that can accommodate up to 85 people who require nursing or residential care. The home can provide care to people who might be living with a physical disability, a mental health need or with dementia. The home has four separate units: Maple provides nursing care; Willow provides nursing care to people living with dementia; Birch provides residential care and Sycamore provides residential care for people living with dementia. Each unit had its own communal facilities. At the time of the inspection 54 people were living at the home.

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

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; the policies and systems in the service supported this practice.

People's nutritional needs were met, and risks associated with foods and fluids were managed well. People told us they enjoyed the food and we saw people had an enjoyable dining experience.

People had opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs, and people told us they enjoyed the activities provided and they felt they were inclusive.

People's care plans reflected individual needs with clear guidance for staff to follow to ensure people received person centred care. People were positive about the care they received and told us staff were caring. During our observations we saw staff being kind and caring to the people they supported.

Staff regularly assessed the risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. People received their medicines as prescribed and were supported effectively by knowledgeable and trained staff.

The service was well-led by a new registered manager who was focusing on improving people's care and developing staff skills. A lot of significant changes had been implemented to support effective team working and improve people's outcomes. The provider had quality assurance systems in place to monitor the quality and safety of the service.

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 requires improvement (published 19 November 2019).

At our last inspection we recommended that the provider strengthened its food and drink strategy to ensure

people's nutrition and hydration needs are being closely monitored and met.

At our last inspection we recommended that the service sought guidance from dementia care specialist organisations about engaging people in meaningful activities, and to improve their records to demonstrate people's engagement.

At our last inspection we recommended the service reviewed people's care records to ensure they provide detailed information about people's care needs and their preferences.

At this inspection we found the provider had acted on these 3 recommendations and had made improvements.

Why we inspected

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

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 COVID-19 and other infection outbreaks effectively.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Elburton Heights

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

The inspection was carried out by 1 inspector and 1 expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elburton Heights is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elburton Heights is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who used the service and 6 relatives. We spoke with 6 members of staff, the registered manager, clinical lead and 2 operational managers. We observed how staff interacted with people. We reviewed a range of records. This included 10 people's care records and medicine administration records. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Comments included, "I'm well looked after", "I am well cared for" and "I've been here for a year and I'm fine".
- Staff were aware and able to describe signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.
- Staff told us that if they had any concerns then they would report them to the registered manager. Staff were also aware they could report externally if needed. One staff member said, "I would report to my manager and higher. I can always contact CQC (The Care Quality Commission)".
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Assessing risk, safety monitoring and management

- People living with long term health conditions such as diabetes and epilepsy had specific risks assessed and care plans in place to guide staff on how to keep people safe and when to seek medical advice. Staff we spoke with were aware and followed this guidance.
- People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage and falls. Where risks were identified plans were in place to identify how risks would be managed.
- Some people required specialist equipment to support with nutritional, fluid and medicine intake. The registered manager and provider ensured appropriate risk assessments were in place to mitigate the risks associated with these people's care and equipment.

Staffing and recruitment

- We spoke with people, staff and relatives who gave a varied response about staffing levels. Comments included, "I think we have enough staff", "Sometimes there are enough, not always though" and "It varies".
- However, we observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs and staff were not rushed in their duties.
- The registered manager used a 'dependency tool' when carrying out initial assessments on people's care needs. This enabled the manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regularly by the management team.

Using medicines safely

- Relatives told us, and we observed people received their medicines as prescribed. One relative told us,

"Yes, dad receives what he needs".

- Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.
- Staff were trained to administer medicine and their competency was regularly checked by the registered manager and provider. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a strong emphasis within the service on learning from incidents. The registered manager and provider reflected on practices when things went wrong in order to reduce the risk of re-occurrence.
- Accidents and incidents were recorded and reviewed by the registered manager and provider to identify any learning which may help to prevent a reoccurrence.
- Learning from accidents and incidents was shared with all staff on an individual basis and as a team.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider strengthened its food and drink strategy to ensure people's nutrition and hydration needs were being closely monitored and met. The provider had made improvements.

- There were sufficient staff to support people to eat their meals in a timely way and people told us they ate well. One person told us, "The fish and chips today were lovely, and I get plenty to drink, they remind me to keep up with the fluids". Another person said, "Lots of variety. I like the roasts".
- Where people required dietary support, assessments had been completed and input sought from healthcare professionals. Staff effectively supported people who required prescribed nutritional supplementary drinks.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds or requested an alternative meal.

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

- Records showed people's needs were assessed before they came to live at Elburton Heights nursing home. Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risks.
- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that staff had access to further training and development opportunities. One staff member said, "I've literally just finished my (qualification) that they supported me with".
- People told us and records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

Adapting service, design, decoration to meet people's needs

- The service had a homely feel and we noted where areas required maintenance and repairs, these were carried out by knowledgeable and competent staff.
- Some people living at Elburton Heights nursing home had a diagnosis of dementia. In areas where people with dementia were living, these had been designed to be dementia friendly. For example, there were reminiscence areas, for helping people living with dementia to be stimulated.
- Rooms were furnished and adapted to meet their individual needs and preferences. There were pictorial signs supporting people to navigate themselves easily through the home.

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

- People experienced positive outcomes regarding their health and wellbeing.
- The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "It's a human right to make our own decisions, but if those decisions are not safe then we need to question them and if necessary act in peoples best interests".
- People were supported in line with the principles of the MCA. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people.
- Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away.
- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity and faith.

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

- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and, staff demonstrated through talking with us that they knew people well.
- Staff understood the importance of promoting people's independence. One member of staff said, "its simple things like putting things in place for people to do things themselves. Independence is really important". People told us they were encouraged to be as independent as possible. One person said. "They get me to try and do what I can".
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed.

Respecting and promoting people's privacy, dignity and independence

- We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves, they were respectful.
- Staff described to us how they respected people's privacy and dignity. Throughout our inspection we observed staff respecting people's privacy and dignity.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. The leadership team and staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended they reviewed people's care records to ensure they provide detailed information about people's care needs and their preferences about how their care support is provided. The provider had made improvements.

- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- People were supported by staff who had a good understanding of their care and support needs and personal preferences. This enabled staff to provide personalised care tailored to the needs and wishes of the individual.
- The registered manager ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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

At our last inspection we recommended the provider sought guidance on how to engage people living with dementia in meaningful activities, and to improve their records to demonstrate people's engagement. The provider had made improvements.

- It was clear from people's records what social activities they had been involved with; and how staff supported people living with dementia to engage in activities that met their needs.
- People were supported to live as full a life as possible and were enabled to participate in activities which interested them. One person told us, "There are activities every day, table games and crafts. They encourage you to join in, but you can opt in and out. We have cream teas in the garden when the weather is fine".
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered, and throughout the day we observed people engaged with staff and enjoying what they wanted to do, alongside planned activities.

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 initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People and their relatives told us they knew how to make a complaint and were satisfied that it would be taken seriously and dealt with effectively.

End of life care and support

- At the time of our inspection no people were being supported with end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider's quality assurance systems had significantly improved. The management team and provider were working hard to ensure outcomes for people were consistently good.
- However, we identified areas where the systems could be strengthened in relation to the recording of care tasks. For example, staff recorded some tasks in different parts of the electronic system, which meant some information was not readily accessible..

Therefore, we recommend the provider strengthens its practices in relation to where care tasks are recorded by staff on the electronic system.

- Quality audits of the environment, staff competency to meet people's needs and monitoring of incidents and accidents to reduce the risk of reoccurrence, all were in place and established to ensure the registered manager had sufficient oversight of the service provided.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of the people using the service.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development need.
- The registered manager was supported by a knowledgeable deputy manager and an area operations manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.

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

- People, their relatives and staff expressed confidence in the leadership team. Comments included, "She knows what she's doing", "You can go to her with anything work and personal stuff", "It's clear she really cares" and "She's a very positive person who has changed how things are managed".
- The registered manager and staff team promoted a person-centred culture to ensure people received personalised care and support. Staff skills, commitment and morale was high.
- It was clear from speaking with the registered manager, provider and staff that there was a clear emphasis on ensuring people were treated as individuals.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service. During our inspection we observed a residents meeting taking place, this was well attended, and people were encouraged to give their feedback on the service provided.

- People told us the leadership team got involved in the day to day running of the service. Staff told us that they were involved in the development of the service, through discussions at staff meetings and handovers.

- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- Staff worked in partnership with external health and social care professionals to improve outcomes for people along with ensuring people maintained their health and well-being.

- Where advice was given by professionals, we saw this was documented in people's care records and any guidance followed. Such as, in relation to moving and handling.