

Moorlands Rehabilitation (Staffordshire) Limited

Harewood Park

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

Harewood Park is a home supporting people who may have a mental health condition or learning disability. The home supports people with personal and nursing care, at the time of inspection 32 people were being supported. The home can support up to 35 people. The home operated from two buildings, one being the main house which accommodated up to 28 people and adjacent was the cottage which supported up to 7 people who were starting to live more independently.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with a mental health condition or learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 35 people, not all people living in the home had learning disabilities. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. The home sat within its own grounds and there were no deliberately identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People were supported safely by staff who had the skills and knowledge to provide safe and effective support. People's risks were managed, plans were in place to support people and staff knew people well.

People consented to their care and they were supported to maintain a healthy lifestyle. Professional advice was sought for people to ensure their health and wellbeing was maintained, which included people's nutritional needs.

Staff were kind and caring and supported people to communicate. People were listened to and their wishes were respected. People had their privacy and dignity upheld and were encouraged to be independent. People told us they liked living in the home.

People were supported to access the community and take part in activities they enjoyed. People were given the opportunity to become volunteers in the local community which supported the next step to living independently.

Systems were in place to monitor the safety of the home which ensured peoples' risks were mitigated and lessons were learnt. Action plans had been put into place to ensure the home continuously improved, these

included feedback from people.

There was an open culture within the home and people could approach all staff and management to express their thoughts and felt listened to. People's concerns were acted on which improved peoples' experience of living in the home.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 20 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Harewood Park

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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

Harewood Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 the Care Quality Commission. However, there was a manager in place who was going through the registration process with the Care Quality Commission.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, nurses, care assistants, activities coordinator, housekeeping and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The manager sent us an action plan relating to the medicines records and how they have adopted a new system to ensure quality checks were being carried out efficiently.

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the inspection we saw a number of medication errors in regard to medication stock and recording. However, this had not impacted on people.
- Following the inspection, the manager sent us an action plan outlining what actions had been taken and how quality audits had been implemented.
- People had their medicines reviewed as and when required.
- People told us they received their medication, one person said, "Staff ensure they give me my medication at regular times each day."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff understood their responsibilities and could identify different types of abuse and how to report concerns.
- The manager had systems in place to ensure people's risk of abuse was mitigated. Although, they said, "There is always room for improvement, I am currently working on more proactive ways of capturing and recording."
- The provider had reported suspected abuse to the local safeguarding authority and to the Care Quality Commission (CQC) where required. Investigations had been undertaken to ensure people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Harewood Park. We received the following comments from people, "I feel absolutely 100% safe, the staff are here all the time. I have my own room with a key and the building is secure", "I feel safe living here, it is good" and "I would tell my key worker if I felt unsafe or speak to other staff."
- Risk assessments and care plans were in place which gave staff guidance to follow, which included strategies to minimise people's risks.
- People's risk assessments were reviewed and changed in accordance to their needs.
- Staff knew people's risks and supported them in a way that ensured their safety was maintained.

Staffing and recruitment

- People told us there were enough staff, one person said, "There are always enough staff on duty."
- We observed there were enough staff available to support people and their needs.
- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure they were suitable to work in a care setting. This included criminal record checks and references from

previous employers.

Preventing and controlling infection

- People told us they believed the home was clean, comments included, "The home is very clean" and "The home is clean enough for me."
- The home was clean and free from odours.
- Staff had access to personal protective equipment (PPE) and we saw staff using this equipment as and when appropriate.
- The home had received a five-star rating from the Food Standards Agency (FSA) meaning the service had good food hygiene.

Learning lessons when things go wrong

- Incidents which had occurred at the home were recorded and lessons were learnt.
- The manager was relatively new in post and had started to make a number of changes in the home in relation to systems and best practice, this included monthly analysis of accidents and incidents.
- The manager analysed the incidents and ensured action had been taken to lower further occurrences. Learning points were taken from the incidents and were communicated to staff. These resulted in changes to people's care or systems were changed as a result.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and reviewed to ensure they received support which met their changing needs.
- People told us they were involved in reviews of their care, one person said, "We have a review every six to twelve months with my Community Psychiatric Nurse (CPN) and social worker. Staff will ask if I am happy with my care."
- People's presenting needs were discussed daily, during the morning flash meetings, which were led by the manager. Staff spoke about people who appeared unsettled and what support could be offered to them individually.

Staff support: induction, training, skills and experience

- Staff received an induction and training which supported them to deliver effective care to people. One staff member said, "I am booked to attend training for activities for people with dementia and mental ill health."
- Staff had their practice observed to ensure they were delivering effective care and support.
- There was a supervision matrix in place and staff informed us they received supervision.

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

- People told us they enjoyed the food, one person said, "The food is excellent and there is enough choice on the menu."
- There were two dining rooms in the main house and people could choose where to go. The dining experience was calm and relaxing.
- The main house had a training kitchen which was used to support people with daily life skills, such as cooking, thus having a positive impact on people's rehabilitation.
- The cottage had its own kitchen where people prepared and cooked their own meals as a group activity. This included people choosing the menus and shopping which was an integral part to people's rehabilitation.
 - The home operated a coffee morning and coffee afternoon, which all people who lived at Harewood Park and staff could attend. This gave staff quality time to sit and have conversations with people in a relaxed environment.
 - The chef was able to converse with staff during the morning flash meetings to discuss the menu. They also had an opportunity to discuss the menus with people during the coffee mornings and coffee afternoons.
 - People had their diet, nutrition and hydration monitored and recorded.

- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.

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

- People had access to a wide range of health services, and referrals had been made to relevant professionals as and when required.
- People told us they had regular health visits, one person said, "I get to see a dentist whenever I want to, with a regular six-month visit."
- Staff we spoke to could tell us about people's health needs and outcomes, which indicated a consistent approach.
- The manager told us they believed they had good working relationships with other professionals such as, doctors, nurse practitioners, and social workers.

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

- Harewood Park was spacious and homely. People had access to a variety of rooms to spend their time.
- The home was within its own grounds and people had access to outside space for people to relax.
- People had their own bedrooms and were able to personalise them to their liking.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were being deprived of their liberty, applications had been made to the local authority to ensure this was being lawfully done.
- People had capacity assessments in place and staff actively sought people's consent when providing care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff treated people in a kind and caring way. One person said, "Staff treat me with respect, they [staff] know me pretty well and recognise when I am having a bad day and provide me with verbal support."
- People were supported to maintain in contact with their family and friends and could spend time going to visit them and ring and speak to them when they wished to.
- People had their protected characteristics under the Equalities Act 2010, such as, age, gender, culture, religion and disability considered as part of their care planning.
- People were supported to attend their place of worship within the local community. One staff member told us how one person has started to give readings at their preferred place of worship.
- The manager told us how they intended to improve the assessment by embedding key information in regard to a persons' sexuality.

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

- People were supported to express their views and make choices for themselves. One person said, "I get a bit mixed up about my decisions, but staff help me." Another person said, "My decisions are respected by staff, this home is one of the best places I have ever been."
- The manager told us how staff respected peoples' views and wishes and how people are involved in their own care planning. They said, "There is daily communication between people and staff and if they [people] want anything or there are any issues theses are addressed on the day, staff will have ad hoc one to ones with people to support them and try and establish what could be done to make them feel better."
- We observed staff were in constant contact with people and interaction was positive and people were given choices.
- People were encouraged to complete residents' surveys which gave people the opportunity to express their thoughts about the care they receive, the environment and activities.

Respecting and promoting people's privacy, dignity and independence

- We observed peoples' privacy and dignity being respected by staff and their independence was encouraged. One person said, "Staff respect my dignity and I get enough privacy. I can go to my room if I want to on my own."
- People who lived in the cottage were able to prepare meals with minimum staff support.
- Staff supported people to become more independent with their daily living with the view of people moving back into the community. One staff member said, "If we think they [people] are ready to move on

depending on their needs we present this to social workers, we have reviews and meetings with social workers and the consultant to discuss care packages to support them back into the community."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised, and their interests were taken into consideration.
- People told us they knew of their care plan. One person who said, "I feel I have contributed to my plan."
- Care plans highlighted peoples' identified needs and the desired outcome. Following this an action plan was formulated which detailed how staff could support the individual.
- Staff could tell us of people's individual needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's preferential communication methods. One staff member said, "We have a person who sometimes chooses not to speak, but if you write it down they will respond."
- Staff understood the need to communicate clearly with people, speaking clearly, going to the persons level and maintaining eye contact.
- There were pictorial cards available should people need support with communication.

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 contact with people who were important to them. We spoke to one person who told us how they spoke to family members regularly and how staff supported them to access the community to visit them.
- There were a variety of activities people could choose from. For example, people could access a social club should they choose to.
- Community activities regularly took place. These were advertised on the residents notice board and people could put their name down to attend, along with the bus timetable and the local gym timetable.
- People were able to go on holidays and day trips, such as; visits to Safari Parks, Festive flower making, and illuminations.
- People were able to make suggestions to what they would like to do as activities and we saw these were acted on. For example, one person wished to do some gardening, from this a gardening project was set up.
- People regularly went shopping in the nearby town.
- People were supported to volunteer in the local community.

Improving care quality in response to complaints or concerns

- Harewood Park had a complaints procedure in place and people told us they knew how to make a complaint.
- We saw the complaints procedure had been followed and people had been listened to and their complaints were acted on. For example, one person said I complained about sharing a shower and they [staff] moved me to another room straight away." Another person said, "I made a verbal complaint and the management were professional and swift in finding a resolution."

End of life care and support

- There was no one nearing the end of life at the time of the inspection.
- The manager told us they felt they needed to work a little more in recording peoples' end of life wishes and how they have contacted a hospice for staff to have training in this area.
- Staff told us how they had supported a person whose life had ended. One staff member said, "The staff were amazing, [name of person] wanted to stay here and we did everything they wished for, including a memory box for their children. They expressed when it was close for them dying they wanted to listen to Whitney Houston and have their nails painted. Yes, people are asked about their wishes."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they knew who the manager was, comments included, "I know who the manager is, they are very approachable", and "I know who the manager is, I often see them in the home."
- Staff we spoke to were very positive about the manager. One staff member said, "They have only been here for five weeks, but they are very approachable and seem to be getting things done."
- The manager operated an open-door policy and was accessible to both staff and people.
- The manager had a clear understanding of their responsibilities and could tell us what actions they would take regarding complaints being received or incidents which occurred. This demonstrated their understanding in relation to the duty of candour, being open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager who was currently undergoing their registration with us.
- There were systems in place to monitor the quality and safety of the home.
- Incidents were analysed, and people's risk assessments updated. The manager said, "If we see a person becoming unwell we will inform the Community Psychiatric Nurse (CPN) and the doctor for a medication review. We will then discuss this in the daily flash meeting and put things into place to minimise the risk."
- Staff knew how to report and record incidents and were able to demonstrate how to mitigate further incidents.
- The manager understood their legal requirements for notifying Care Quality Commission of deaths, incidents and injuries which occurred in the home.

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

- People were involved in residents' meetings within the home and had the opportunity to express what they felt regarding the care they received.
- We saw people had made suggestions during residents' meetings had been acted on. For example, people expressed they wanted the TV reinstalling in one of the dining rooms, we saw this had been done.
- People had the opportunity to give more formal feedback about their care, by way of a survey.
- Following the results of the survey the manager had devised an action plan, detailing what people would

like to be improved within the home.

- Staff were encouraged to give their feedback through staff meetings and we saw staff were able to freely express themselves, giving suggestions in new ways of working.

Continuous learning and improving care

- The manager was in the process of auditing key documents which were being used, such as the assessment documents and care plans.
- The manager had developed action plans which highlighted areas of improvement which included peoples' care and environmental changes.
- We saw new initiatives had been implemented within the home, such as, daily flash meetings with all head of departments and medication audits.
- The manager conducted daily walk arounds within the home and would actively note areas which could be improved, these were then communicated with the staff.

Working in partnership with others

- Harewood Park worked in partnership with a number of community support services, such as, Douglas McMillian, a learning disability support group which supported people with acquired brain injuries, a local gardening project and local craft group.
- The home worked in partnership with other agencies and professionals to ensure people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.