Leicestershire County Care Limited

Harvey House

Inspection report

Church Lane
Barwell
Leicester
Leicestershire
LE9 8DG

Tel: 01455843575

Date of inspection visit:
30 December 2015

Date of publication:
02 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 30 December 2015.

Harvey House is a residential care home for up to 42 older people. living with dementia, mental health needs and physical disability. Accommodation is on two floors. Communal areas include a dining room, a large lounge, three smaller lounges and `tea room' where people may entertain their visitors. At the time of our inspection 38 people were using the service.

Harvey House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service were protected from abuse and avoidable harm. Staff understood and practised their responsibilities to keep people safe without restricting their independence. People's care plans included risk assessments of routines associated with their personal care and support and included guidance for staff about how to safely support people without restricted their independence.

The provider had recruitment procedures that aimed to ensure that only staff suitable to work at the service were employed. Enough staff were deployed to meet the needs of the people using the service.

People were supported to receive their medicine at the right times. Only staff trained in medicines management supported people with their medicines. Medicines were securely stored and there were safe arrangements for the disposal of medicines that were no longer required.

People were supported by staff who had the relevant training to understand their needs. Staff were supported through induction, training and supervision.

The manager had a working knowledge of the Mental Capacity Act 2005. Staff had awareness of the Act. They understood that care and support could only be provided if a person have their consent, unless a person lacked mental capacity in which case decisions were made in a person's best interests.

People were supported with their nutritional needs. They had a choice of nutritious meals. People with special nutritional requirements were appropriately supported. People were supported to access health services when they needed them.

Staff developed caring and understanding relationships with people using the service. People or their relatives were involved in decisions about their care. Staff supported people's privacy and dignity.

People or their relatives contributed to the assessments of their needs. People's needs were regularly reviewed. People were supported to maintain their hobbies and interests and had access to a range of

stimulating and meaningful activities.

People's care and support was based on the individual needs. Their preference, likes and dislikes were taken into account.

People and their relatives knew how they could raise concerns. They were confident that any concerns they raised would be acted upon.

People using the service, their relatives and staff had opportunities to be involved in developing the service. Their feedback was acted upon. People and their relatives knew who the registered manager was and they told us the registered manager was approachable.

The registered manager regularly monitored the quality of the service. The registered manager also carried out monitoring activity and supported them. Monitoring activity, which included seeking people's feedback, was used to identify areas where the service could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm without restricting their independence.

The provider had effective recruitment procedures and ensured that staff were effectively deployed.

People were supported to have their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the relevant skills and knowledge.

The manager had working knowledge of the Mental Capacity Act 2005, and staff were aware of their responsibilities under the Act.

People were supported with their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and developed caring relationships with people.

People or their relatives were involved in decisions about their care and support.

Staff respected people's privacy and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People experienced care and support that was centred on their personal needs.

People had opportunities to participate in stimulating and meaningful activities.

People knew how to raise concerns and complaints. Their feedback was acted upon.

Is the service well-led?

Good

The service was well led.

People using the service, their relatives and staff had opportunities to be involved in developing the service.

The provider had effective arrangements for monitoring and assessing the quality of the service.

Harvey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2015 and was unannounced.

The inspection team consisted of an inspector and an 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. Our expert had expertise in caring for older people.

Before the inspection we looked at information we received from the provider about incidents and accidents that had occurred at the service since our last inspection in June 2014.

We spoke with six people who were using the service and two relatives of other people using the service. We looked at care plans and care records of five of the people using the service; and we made observations of how staff interacted with and supported people.

We spoke with the registered manager, a care worker, an activities coordinator and a cook. We also spoke with a health professional who was visiting the service.

We looked at a recruitment folder to see what procedures were used when new staff were recruited. We looked at staff rotas to see how staff were deployed and we looked at staff training records. We reviewed the provider's procedures for assessing the quality of the service by looking at records associated with monitoring activity.

We also contacted the local authority which paid for the care of some of the people using the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe at Harvey House. A person told us, "The staff make sure I'm safe and well when moving about the home." Another person told us, "I feel safe when the carers help me have a shower they make sure I'm safe and that I don't fall over." A person described how care workers supported them with personal care. They said, "The carers do what I can't so I feel safe with them." Other people said similar things about feeling safe with care workers. A person told us, "I feel safe and well looked after by the kind staff, they keep me safe when doing my personal care and going at my pace."

The provider had safeguarding procedures that care workers we spoke with were aware of. They knew about the different kinds of abuse and how to identify and report concerns about abuse to the registered manager. They described how they identified signs of possible or actual abuse; for example change of mood, eating or sleeping habits and unexplained injuries. Care workers we spoke with told us they were confident that they knew enough about the people they supported to be able to identify if a person was scared or frightened. They told us they were confident that any safeguarding concerns they raised would be taken seriously by the registered manager. Staff were aware of whistleblowing procedures under which they could raise safeguarding concerns directly with the local authority or Care Quality Commission.

People using the service told us they felt comfortable about raising any concerns about their safety. A person told us, "I do like living here. The staff are good to me and If I need someone to talk to me staff will stop what they are doing and listen to me about any concerns that I might have. I know I can go and talk to the manager or the staff in the office if I want to as well."

People's care plans included risk assessments of activities associated with their care and support, for example personal care routines. Those risk assessments included information about how to support people safely and keep risk of harm or injury to a minimum. Risk assessments covered use of hoists and other equipment when people were supported with their mobility. Care workers were also alert to people having accidents, for example falls. We saw evidence that staff used the provider's procedures to report injuries. They reported when people using the service had experienced falls and injures. When we looked at reports of accidents we found that they had been investigated by the registered manager and steps were taken to reduce the risk of similar accidents happening again.

There had been an incident at Harvey House when a person threw an object that hit another person. The person who was hit subsequently became scared of the other person. The registered manager took action to identify the cause of the `throwers' behaviour. A risk assessment was made to help staff understand how they could identify triggers to that behaviour and protect that person and others from harm. Staff we spoke with knew what signs to look for to anticipate when that person may display behaviour that challenged others and knew what steps to take protect people using the service and themselves from harm. A health professional who was at the service on the day of our inspection told us, "The staff manage challenging behaviour very well."

A person using the service told us, "I'm not sure there are enough carers to look after us but there's always

someone around to help us if we need them." The registered manager told us that staffing levels were based on the extent people's dependencies. They told us, and rotas we looked at confirmed, that during the day five care workers, a senior care worker and the registered manager or a `senior in charge' were on duty most days. At night time a senior care worker and two care workers were on duty. The registered manager told us there had been occasions when people's dependency levels had increased and they had been able to secure agreement of the provider's for more staff. None of the people using the service or staff we spoke with raised any concerns about staffing levels or said anything that suggested they felt not enough staff were deployed. A relative told us, "There are plenty of staff to keep my relative save and well cared for." Our observations were that staff attended to people's needs promptly, including when people summoned for assistance using their call bells.

A person told us, "I have my medication each day and I know what it is for so I'm happy to take it." Another person told us, "Staff give me my medication every day at about the same time and I know it helps keep me well." A third person said, "I have my tablets every day at the same time and the staff have never missed giving them to me." Records we looked at showed that people were given their medicines at the right times. The provider had safe arrangements for the management of medicines. Medicines were safely stored and medicines that were no longer required were disposed of safely. Only staff who were trained and assessed as competent to support people with their medicines did so. Some people using the service required what are known as `PRN' medicines. These are medicines that are given only when a person requires them, for example for pain relief. Each of those people had a PRN protocol in place to guide medicines trained staff about when to give people PRN medicines. A person who had PRNs told us, "If I'm in pain, say with a headache, I tell staff and they give me something to take it away." Another said, "If I'm in pain they will give me some pain killers to help me." People using the service and their relatives could be confident that the service had safe arrangements for supporting people with their medicines.

Good

Is the service effective?

Our findings

People using the service told us they felt staff had the right skills to be able to support them. A person using the service told us, "Staff know my needs and are competent to carry out their duties so they must be trained enough to help us." Another person told us, "I think they are well trained because they are good at doing their jobs." Other people told us that staff were good at their jobs.

Providers are required by regulation to induct, support and train their staff appropriately. In our guidance for providers we expect them to demonstrate that staff have, or are working towards, the skills set out in the Care Certificate, as the benchmark for staff induction. The Care Certificate was introduced in April 2015. The provider had begun work to introduce the Care Certificate for all new starters.

Staff we spoke with told us their training was helpful and supported them to provide the support people using the service needed. A care worker told us, "I feel supported."

Staff we spoke with told us they felt supported through supervision and training. A care worker told us they had supervision meetings every two months which was in line with the provider's expectation that staff had six supervision meetings a year.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

The registered manager had a working knowledge of the MCA and the most recent supreme court interpretation of how it applied in a care home setting. Where restrictions were in place these were the least restrictive and had been approved under the Deprivation of Liberty Safeguards (DoLS) which are a supplement to the MCA. At the time of our inspection 20 DoLS applications had been made and were awaiting a decision by the approving body and three people were under a DOLS authorisation. Care workers we spoke with had an awareness of MCA and DoLS. They knew that the MCA protected people who lacked mental capacity to make decisions about their care and how decisions were made in the best interests of those people.

People using the service told us that staff sought their consent before providing personal care. A person told us, "The staff tell me what they would like to do and I tell them they can."

People had mixed views about the quality of the food. People who had reservations about the food said, "The foods not that nice but eatable I suppose" and "The meals are awful no taste and no choice and the sandwiches are the same every day." However, other people liked the food. A person told us, "The foods very nice and there are choices." Another person said, "The foods is good most of the time and there are drinks and snacks around all day if I need them. If the food they offered me wasn't what I wanted they would

find me something else to eat. If I was hungry or thirsty during the night the night carers would help me."

In the week of our inspection new menu choices were available which caused a degree of confusion amongst care workers. Some care workers asked the cook what the choices were, but when they asked people what they wanted for lunch they did not accurately describe what the choices were. For example, a vegetarian pasta bake was referred to by a care worker as `lasagne' and we heard care workers describe apple crumble as `apple pie'. However, when care workers brought people their meals, they explained what they were and people who changed their mind were offered an alternative. During lunch time we heard people saying they enjoyed their meal.

The cook told us that what we saw and heard at lunch time was not typical. They said that people were usually shown a picture of meals or were shown plated meals they could choose from. They showed us picture cards that were used before the change in menu and explained that new pictures were being prepared. The registered manager assured us that what we saw was not representative of how staff usually communicated with people about meals.

The cook at Harvey House had information about people's dietary needs. People who required food in soft or pureed form were served that food. People who required support with eating and drinking received that support. We saw that care workers provided people a choice of drink with their meals.

People were supported with their health needs. Two people we spoke with told us that on occasions they wanted to see a doctor, staff arranged for that to happen. People's care plans included a section about their medical history and how care workers should support people with their health needs. Another person told us, "The staff have arranged for my doctor to come and see me because I keep on having swelling and pain in my knee so they are good at keeping me well and happy."

We spoke with a health professional who visited Harvey House once a week. They told us that care workers were "clued up about people's health needs and understood dementia well." They added that "The service have explored reasons for people's challenging behaviour and engaged with the right professionals." Care records we looked at showed that people were supported to access health services when they needed, for example GPs, opticians, and dentists. A person told us, "If I need to see a chiropodist or doctor my carers will arrange it for me." A relative told us, "There have been medical appointments and I have been informed of the outcomes and any treatment that needs to be given."

Where required, care workers maintained records of people's weight and food and fluid intake. However, some records were not wholly completed. For example we noted that some care workers did not always add the totals of the drinks a person had at the end of a day, but most other care workers did. We spoke about this with the registered manager who told us they were already aware of this and was planning to make it a senior care worker's responsibility to ensure that those charts were fully completed and totalled.

People using the service could be confident that the provider had effective arrangements in place to ensure as far as possible that people's health needs were met.

Good

Is the service caring?

Our findings

People using the service told us staff were caring. A person told us, "It's very nice here and the carers are good to me." Another person told us, "I've been here for years. If I was upset or concerned about anything I would talk to the staff who would help me I know." A third person said that "If I'm ever in discomfort I tell the carers and they do something to help. That's how kind they are."

Staff did things that helped people feel they mattered. A person told us, "I like it here the staff are kind and considerate and look after me very well. They are respectful." Another person liked that a hairdressing service was available at Harvey House. They told us, "I go to the hairdressers every few weeks which I do like." A relative told us, "My relative is always well presented, clean and my relative's clothes are clean and ironed." We heard staff complimenting people about things they'd done during the day. After a person sang a song a care worker told them, "I love your dulcet tones. I think you are wonderful." The person responded with a look of pleasure.

Staff told us they developed caring relationships with people by getting to know about the people they supported. This included reading people's care plans and talking with people about things they liked. A health professional visiting the service told us, "Staff are very knowledgeable about the people using the service." We saw staff apply knowledge about people's likes and dislikes. For example, when lunch was served staff knew what people wanted their meal served on. Some people preferred dishes to plates and staff ensured that was how their meals were served.

Information about the service was available in information packs which included information about independent advocacy services. We discussed with the registered manager how information, including care plans, could be made available to people in easy to read formats that could promote more involvement from people. They told us that they were in the process of reviewing the layout of care plans and they would consider looking into designs for easier to read formats of care plans that people could have in their rooms.

People using the service were involved in decisions about their care and support insofar as they or their relatives were asked what was important or mattered to them, and about their likes and dislikes. A relative told us, "They [staff] include me in my relatives care needs and what I think my relative needs are."

Staff respected people's privacy. This included staff allowing people to get up when they wanted and spending their time the way they wanted. A person told us, "I go to bed and get up when I want, if they come to help me get up and I'm not ready they come back bit later." Another person said, "I get up when I want and go to bed when I want which is what I would do at home." A third person told us, "I have a shower when I want and can come and go as I please."

We saw care workers offer support discreetly so they could not be overheard by other people using the service. Care workers did not intrude on people when they spent time in one of the three quiet areas, though they made discreet observations to see if people required support. This showed that people had choices and options about which part of Harvey House they wanted to spend time in. Every communal area was

different. We saw signs that people participated in a variety of different activities in those areas. Some people read newspapers, others knitted and others watched television.

People told us that when staff supported them with personal care they respected their dignity. A person explained, "They are careful when they do my personal care making sure that the curtains and doors are closed to respect my dignity." Another person told us, "I have a bath once a week which is very nice and private as no one can see me. When staff come to get me up they knock on the door and walk in which is what we agreed to."

A health professional who was visiting the service told us, "Staff are extremely caring. They are respectful towards people using the service. I'd be happy for one of my parents to be here."

People's relatives were able to visit them without undue restriction. We saw from the visitor's signing-in book that relatives visited at a variety of times. A relative told us, "I can visit at any time I want."

People's care plans and records were securely kept in the registered manager's office. This meant that only staff authorised to see the plans and records had access to them. People using the service or their representatives were allowed to see their care plans.

Good

Is the service responsive?

Our findings

We saw from care plans we looked at that people using the service or their representatives contributed to discussions and decisions about their care. Care plans included information about people's specific individual needs. When we asked people what they thought about the care they received they responded positively. Comments from two people included, "The staff are really good and look after me very well" and "What I do like is that the staff know what my needs are."

Staff we spoke with told us each person using the service was treated as an individual. They developed their knowledge of people's needs, likes and preferences through reading their care records and speaking with people. Staff told us things about people which they would only have known from reading people's care plans or speaking with them or their relatives. A person using the service told us, "Staff know all about me because when I came here they asked lots of questions about what I like doing and those kinds of things."

Care plans we looked at were focused on people's individual needs. Staff we spoke with told us they referred to care plans. They told us the care plans helped them to understand people's needs and deliver personalised care. People we spoke with told us their needs were met. A person told us, "I'm fairly independent and the staff are there to support me if I need them." We saw a comment from a relative in a compliments card that their parent had been `transformed' since coming to Harvey House.

The activities coordinator used information about people's life history and interests to plan and provide one to one `reminiscence' activities when they talked to people about their past lives. They were collected memorabilia they could use and had asked relatives to bring things that could be used in `reminiscence' activities. They shared that information with colleagues so that they could also engage in stimulating and meaningful conversations with people. We saw and heard staff doing that.

We saw people doing puzzles, knitting and reading books or newspapers. We saw evidence that people had participated in arts and crafts activities in the build up to Christmas. The activities coordinator arranged social games for people. We saw a group of people enjoying a game of bingo after lunch. A person told us, "We have things to occupy me like skittles, bingo and that kind of thing." People chose whether to participate in activities. A person told us, "There are activities that happen some of which I enjoy but not bingo." Another person told us, "There are fun things to do like skittles nail painting and those kinds of things that staff put on for us." We spoke with the service's activities coordinator who told us about other activities they provided. These included taking people for walks to a local café, and organising `pub' games such as darts and dominoes.

The provider had introduced meetings of activities coordinators from each of their other locations to meet monthly to share ideas about how activities for people using the services could be further developed.

A period of activity the registered manager told us they would explore was that which preceded lunch being served. Most people had their lunch in the dining room. It took staff nearly 40 minutes to bring people into the dining room which meant that some people waited that long before they were asked what they wanted

for lunch. During that time people had little to stimulate them. Some people looked bored although others engaged in conversation with people.

The design and layout of Harvey House provided people with a variety of communal areas they could use. We saw people spending time in five different communal areas with other people. This was conducive to people maintaining friendships with other people and spending time in smaller groups as opposed to all people being seated in one large room.

People's care plans were reviewed each month. Staff knew when care plans were changed because they were advised of that in handover meetings. This meant that staff were kept up to date with people's needs. The registered manager had begun a comprehensive redesign of care plans.

People using the service and relatives knew about the provider's complaints procedure. The people we spoke with told us they had no concerns and four people emphasised there was nothing they'd like to see changed at Harvey House. A person using the service told us, "If I'm concerned or needed to complain I would talk to the manager or one of the carers and it would be dealt with to my satisfaction I'm sure." People and relatives were able to raise more general concerns or suggestions, for example about food and activities, at residents meetings that took place most months.

The registered manager encouraged people to provide feedback. We saw a poster that said, `If you have any complaints we would like to hear from you as we value feedback, good or bad.' People using the service and relatives could be confident that the provider was receptive to feedback.

Good

Is the service well-led?

Our findings

People using the service had limited involvement in contributing to the development of the service because most lacked mental capacity to be involved. However, knowledge about what mattered to them and information about their likes and dislikes was used to develop their care plans and activities made available to them. Staff we spoke with felt involved in developing the service. They told us they had opportunities to make suggestions, for example about activities and how rotas were planned, and they felt listened to.

The registered manager monitored that staff practised the provider's values by supporting people with dignity and respect. They did this through daily observation of staff. A senior, area manager, also did this when they visited Harvey House. They used staff meetings and supervision meetings to feed back their findings to staff. A care worker we spoke with told us, "The manager is leading the home brilliantly." Another care worker told us, "There have been a lot of improvements, especially around the activities we provide."

A health care professional who often visited the service told us they had seen improvements over a period of time. They particularly noticed how well the service worked with health care services. They told us, "The management have improved communications very well."

People using the service and relatives we spoke with knew who the registered manager was. They told us they were confident they could raise any concerns with the registered manager. A relative told us, "I visit often and I know I can speak with the manager if I feel I need to." Another relative told us, "The manager and staff always make me welcome. I have no complaints or concerns but if I had I would speak to the manager who I know would treat my concerns respectfully."

The provider had introduced area managers who, as well as managing a service, visited other services run by the provider. They visited services to monitor whether a service was meeting its objectives, which were called `key performance indicators', and reporting findings to the provider's senior managers. This meant that the senior managers were aware of what was happening at all locations.

The registered manager at Harvey House carried out a series of scheduled checks, for example audits of care plans, medications administration management and other checks that the provider's policies and procedures were being followed. They monitored that staff were attending training. They also sought feedback from people using the service and their relatives. The monitoring activity that was taking place enabled the provider to make an informed view about the quality of care and support people experienced. Feedback was used to identify areas of the service that could be improved. For example, the provider had begun to review and add to the range of activities made available to people.

People using the service and their relatives could be confident that the provider's arrangements for monitoring and assessing the service existed to continually evaluate and improve the service.