Gradestone Limited

Harmony House Nursing Home

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

This inspection took place on 15 August 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The service was last inspected in December 2015 and was rated good. At this inspection we found the service remained good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Harmony House Nursing Home 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. Harmony House Nursing Home accommodates up to 33 people with a range of mental health and physical conditions, and provides nursing and personal care. At the time of our inspection 28 people were using the service.

There were two registered managers in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One of the registered managers was also the provider of the service, and in this report we will refer to them as the provider.

People and their relatives said staff kept people safe. People's medicines were managed safely. Risks to people were assessed and monitored. Plans were in place to support people in emergency situations. The premises were clean and tidy, and the provider had effective infection control processes. People were safeguarded from abuse. Staffing levels were sufficient to support people safely. The provider's recruitment procedures minimised the risk of unsuitable staff being employed.

Staff received regular training in a range of areas relevant to people's support needs and were supported with regular supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to maintain a healthy diet. Staff worked with a wide range of external professionals to monitor and improve people's health and wellbeing. The building had been adapted and customised for the benefit and comfort of people.

People said they were happy living at the service and that staff were kind and caring. People were treated with dignity and respect. Staff supported people to maintain their independence and live as full and free a life as possible. People were supported to access advocacy services.

People received personalised support based on their assessed needs and preferences. Support plans contained information on how people could be supported to communicate and engage effectively with the service. People were supported to access activities they enjoyed. Policies and procedures were in place to

investigate and respond to complaints. Policies and procedures were in place to provide end of life care where this was needed.

The registered managers had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Staff spoke positively about the culture and values of the service. The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people, relatives, external professionals. The provider and registered manager had developed links with a number of community groups and bodies to help enhance the health and wellbeing of people using the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Harmony House Nursing Home

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 was planned to check 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 15 August 2018 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Harmony House Nursing Home.

We spoke with three people who used the service and one relative of people using the service. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to tell us what they thought about the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care plans, four medicine administration records (MARs) and handover sheets. We spoke

with seven members of staff, including the registered manager, the provider, three care staff and domestic staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Good

Is the service safe?

Our findings

People and their relatives said staff kept people safe. One person told us, "I'm alright here, yeah." A relative said, "They're good at keeping everyone safe."

People's medicines were managed safely. Medicines were safely and securely stored. People's medicine support needs were clearly recorded and monitored in care plans and medicine administration records (MARs). MARs had been completed without any errors or unexplained gaps. One person we spoke with said, "I always get my medicines when I need them. They're good at that."

Risks to people were assessed and monitored, with action taken to reduce the chances of them occurring. This included risks around people's mental health, mobility and nutrition. Recognised tools were used to assess and tackle risks to people, and these were regularly reviewed. Risks arising out of the premises and equipment were also monitored, and required test and maintenance certificates were in place. Accidents and incidents were monitored to see if lessons could be learned to help keep people safe.

Plans were in place to support people in emergency situations. These included personal emergency evacuation plans (PEEPs) and a business contingency plan to provide a continuity of care if the service was disrupted. Frequent fire drills took place, and fire fighting and emergency equipment were regularly checked.

The premises were clean and tidy, and the provider had effective infection control processes. Staff had access to plentiful supplies of personal protective equipment (PPE). A member of domestic staff said, "We get everything we need."

People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One member of staff said, "There's no way we'd let people here get abused." Records confirmed that issues were dealt with appropriately when raised.

Staffing levels were sufficient to support people safely. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. We saw that staff could support people without delay and without rushing them. One person told us, "There are always enough of them (staff)." A relative we spoke with said, "I'd say there are enough staff." Staff also said there were enough staff at the service. One member of staff said, "We have enough staff here, definitely."

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants had to complete an application form setting out their employment history, attend an interview, provide proof of identify and complete a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

People received support based on their assessed needs and preferences. Staff had the skills and knowledge needed to provide effective care. A relative told us, "They really understand [named person's] conditions and the help they need. They know what to do."

Staff received regular training in a range of areas relevant to people's support needs. This included first aid, moving and handling and mental health awareness. Records showed that training was either up-to-date or planned, and regularly refreshed to ensure it reflected the latest knowledge. Medical alerts and updates sent to nursing staff were shared and discussed with all staff to help share best practice. Nursing staff were supported to maintain their professional registrations and skills. One member of staff told us, "We get very regular training. I find it very good. It's really interesting and gives you knowledge."

Newly recruited staff were required to complete the provider's induction programme before they could support people without supervision. This included completing training and shadowing more experience members of staff for support and guidance.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff knowledge and as an opportunity for them to raise any issues they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection 13 people were subject to DoLS authorisations. Care plans clearly reflected any conditions on authorisation and we saw these were being met. Care plans contained information on people's mental capacity to make decisions, and how they could be supported to do this and live as full a life as possible.

People were supported to maintain a healthy diet. Nutritional support needs and preferences were assessed before people started using the service, and we saw that these were followed. Specialist and ethical diets were catered for, and people's nutritional health was monitored. People could choose from a wide range of meals and spoke positively about food at the service.

Staff worked with a wide range of external professionals to monitor and improve people's health and wellbeing. Care plans contained evidence of close working with professionals such as dieticians, physiotherapists, diabetes nurses, GPs and consultants to ensure people received the appropriate healthcare when needed.

The building had been adapted and customised for the benefit and comfort of people. Communal areas were spacious and free flowing, which helped manage people's anxieties. Mobility equipment was available

for people who needed it. An enclosed yard provided outdoor space, and a large and colourful mural had been painted. People's bedrooms were decorated to their personal taste and with their own possessions.

Good

Is the service caring?

Our findings

People said they were happy living at the service and that staff were kind and caring. One person told us, "It's great here, absolutely fantastic. The staff are smashing." Relatives also spoke positively about the kind and caring support people received. One relative told us, "They can't do enough for him. They treat him as a person, not a patient."

People were treated with dignity and respect. Staff had warm and friendly but professional relationships with people, addressing them politely and asking for permission before entering their rooms. Where people became distressed staff approached and offered discreet reassurance and support, which we saw reassured people.

Staff supported people to maintain their independence and live as full and free a life as possible. Where possible people regularly left the service to walk into town and access local shops and amenities. Staff had supported people who said they would like to access educational or employment opportunities, for example by arranging attendance at courses at a local college. Where people were subject to DoLS authorisations staff worked with people's social workers to help them access the local community in a safe and independent way by organising short trips out of the building. People were encouraged to maintain and enhance their independent living skills. One person told us, "I do my own sandwiches now." Another person at the service was supported to maintain links and their friendship with colleagues they had previously worked with, including by attending reunions.

We saw numerous examples of kind and caring support being delivered during our visit. One person had decided to sleep in until close to lunchtime, but then became anxious that they had slept for too long. A member of staff saw this and appropriately used physical contact to give them a hug. Another person was anxious that they would have to leave the service. The provider, registered manager and staff offered repeated reassurance to them, including the provider writing them a note telling them they would not be asked to leave and stating, 'We love having you here.' Staff, including the provider and registered manager, knew the people they were supporting very well which meant they could have friendly and personalised chats with them.

At the time of our inspection 15 people were using an advocate. Advocates help to ensure that people's views and preferences are heard. The involvement of people's advocates was clearly recorded in their care plans.

Good

Is the service responsive?

Our findings

People told us they staff provided the support they wanted and needed. One person we spoke with said, "They know what they're doing this lot, couldn't be better."

A detailed assessment was carried out before people started using the service. This reviewed people's health and social circumstances, and where a support need was identified a support plan was produced. Support plans also contained information on how people wished to be supported, to ensure their preferences were reflected in the care they received. For example, one person's mental state plan contained lots of information on how their conditions could cause them to become distressed and have behaviours that can challenge. The plan contained guidance to staff on how to support them during this to minimise the distress and harm they caused themselves. Support plans also contained information on people's life history, interests and hobbies. This helped staff to get to know the person and not just have knowledge of their support needs.

Support plans contained information on how people could be supported to communicate and engage effectively with the service. During their initial assessment and at care reviews consideration was given to whether people needed information to be presented in a particular way to help them understand it. At the time of our inspection nobody needed additional support with this, but policies and procedures were in place to support it.

Regular reviews of people's support plans took place to ensure they reflected people's current support needs and preferences. People, relatives and other professionals involved in people's care were included in reviewing people's support. One relative we spoke with said, "I get involved in the care plan reviews. Information about what they're doing gets sent to me."

People were supported to access activities they enjoyed. Activities were not planned far in advance as staff found that people became anxious when this was done. However, the registered manager said that if people were given short notice they were more likely to participate. We saw evidence of activities including bingo, quizzes, cinema trips and trips to local sights and attractions in the provider's minibus. People told us they enjoyed activities organised by the service and accessing hobbies and interests for themselves. One person said, "You can do as you please."

Policies and procedures were in place to investigate and respond to complaints. We saw that the complaints policy was applied when issues were raised, and outcomes sent to those involved. People and relatives said they knew how to raise concerns and would be confident to do so.

At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this if needed.

Good

Is the service well-led?

Our findings

There were two registered managers in place, one of whom was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered managers had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff spoke positively about the culture and values of the service. One member of staff said, "[The registered manager] is a very fair manager. They're open with you, and absolutely brilliant. We get on very well. [The provider] is a good person. They think a lot of the residents." People and their relatives also spoke positively about the leadership of the service. One person said, "[The registered manager] is a brilliant manager. Absolutely wonderful. They really understand what I'm going through. Couldn't be better."

The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of care plans, medicines and accidents and incidents. Remedial action was taken where these checks identified issues.

Feedback was sought from people, relatives, external professionals and staff using an annual questionnaire. The most recent survey had taken place in 2017, and we saw it contained positive feedback. For example, one external professional had written, 'Residents are happy and are treated as individuals.' Meetings for people, relatives and staff also took place regularly at which they could raise any support needs they had. Staff said they found these meetings useful and supportive.

The provider and registered manager had developed links with a number of community groups and bodies to help enhance the health and wellbeing of people using the service. Ministers of religion visited regularly to help people practise their faith. The service had close links with a local café, which regularly invited people to events there. Several local businesses knew people and staff at the service well, and contacted staff if they saw people out in town and had concerns about their welfare.