

Uniquehelp Limited Harbledown Lodge

Inspection report

Upper Harbledown
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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

Harbledown Lodge is a residential care home providing personal and nursing care to 56 older people. At the time of the inspection there were 46 people using the service, some of whom were living with dementia and conditions such as diabetes and epilepsy or with impaired mobility or more complex nursing needs. The home accommodates people over three floors all of which can be accessed by a lift.

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

People told us they felt safe and happy living at the service. Potential risks to people's health, welfare and safety had been assessed. There was guidance in place to mitigate risks and accurate records about people's care and treatment had been maintained.

Accidents and incidents were recorded and analysed. Action had been taken to reduce the risk of them happening again. The registered manager and staff understood their responsibilities to keep people safe from discrimination and abuse.

People's medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals and followed their guidance to keep people as healthy as possible.

People were supported by staff who had been recruited safely and received training appropriate to their role. Staff received supervision and appraisal to continue to develop their knowledge and skills.

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 met with the registered manager before moving to the service to check that staff were able to meet their needs. Each person had a care plan that contained details about their choices and preferences. These plans had been reviewed regularly and updated when needed.

People were supported to eat a balanced diet and had a choice of meals. People's preferences and dietary needs were catered for. People had access to activities that they enjoyed.

People were treated with dignity and respect. They were supported to be as independent as possible and express their views about their care and support. People's end of life wishes were recorded where known. Staff worked with GPs and specialist nurses to support people at the end of their life.

The registered manager completed checks and audits on the quality of the service and acted when shortfalls were found. There was an open and transparent culture within the service, people were asked their views about the service and these were acted on.

Relatives told us they knew how to complain. The registered manager recorded all concerns raised and had investigated them according to the providers policy. People received information in formats they could understand.

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 28 August 2018) and there was a breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Harbledown Lodge

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 undertaken by one inspector.

Service and service type

Harbledown Lodge 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, floor manager,

two nurses, a senior care worker, a health care assistant and the cook. We also spoke with a visiting healthcare professional.

We observed the interactions between staff and people in the communal areas of the service. We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed registration information for all nurses and a variety of records relating to the management of the service, including policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to maintain accurate records, including a record of care and treatment provided to a service user and of decisions taken in relation to care and treatment provided. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Previously, incomplete records made it difficult to track if people had received the assessed level of care and if their treatment plans were being followed. This was found in relation to repositioning records, to minimise the risk of skin breakdown as well as food and fluid monitoring records. At this inspection, accurate records were kept, and it was evident people received the assessed level of care and their condition was properly monitored.
- Where people were unable to leave their bed or preferred to spend time in bed, skin integrity assessments were completed. Suitable pressure relieving equipment was provided, such as air flow mattresses and cushions. Checks were completed to insure air pressures were set correctly and the equipment was working properly. Repositioning records showed people's position was changed when assessed as needed to help prevent the formation of pressure areas.
- Food and fluid charts provided accurate records of what people had eaten and drunk. Where there were concerns about weight loss, referrals were made to dieticians and speech and language therapists (SALT). SALT also carry out swallowing assessments and provide guidance about how people can eat and drink safely. This may include guidance about thickening drinks and pureeing food to help reduce the risks of choking. Where guidance was provided, staff followed it and people were supported to eat and drink safely; food and drinks were prepared as needed.
- Some people were living with diabetes or epilepsy. There was detailed guidance about blood sugar levels. Staff knew the signs and symptoms when people became unwell and what action to take. Where people lived with epilepsy, detailed information about how their seizures may present guided staff what to do, included emergency actions. Records of any seizures provided a basis for specialist neurological and medicine reviews.
- Some people had behaviours which could be potentially challenging for themselves, staff and other people. Care plans contained strategies about how to support people through times of anxiety or distress, which was when their challenging behaviour most often occurred. Other records, completed by staff, provided a basis for health and social care professionals to assess any other support required.

- Some people required assistance to move around the service. There was guidance for staff about what equipment to use and how to support people to move safely. Regular checks were completed on the environment and equipment used to make sure people were safe.

Using medicines safely

- People received their medicines when they needed them and as prescribed by their doctors. One person told us, "There have been no problems medicine, I always get it when I am supposed to. They are good at asking if I need pain killers, sometimes I do."
- Staff who gave medicines were trained and their competence in administering and managing medicine was regularly checked.
- Medicines required 'as and when' (PRN) were administered safely. Staff followed guidance given by GPs and the provider's procedures. Staff recorded how much medicine they gave people, the time they received it and the reason why it was given.
- Where people needed creams for their skin, there was guidance to show how and where the cream needed to be applied and staff recorded when they had applied it.
- Where some people received homely remedies, such as cough linctus, staff had checked with GPs to ensure they would not adversely react with other prescribed medicines.
- Medicines were stored safely in a secured medicine room.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager told us all staff, including non-care staff were trained to provide support in assisting with meals. This speeded up meal times as there were more staff to support people.
- The registered manager used a dependency tool to calculate the number of staff needed. This changed when people's needs changed. When possible, staff covered holidays and sickness to make sure people were supported by staff that knew them. Agency staff were rarely used, but when this happened, they used staff from the same agency who had been to the service before. Agency staff were paired with permanent staff and did not work alone.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people. Nurse registrations were checked and valid.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the registered manager would take appropriate action.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. Safeguarding concerns had been recorded and appropriate action had been taken.
- Staff had received training and had access to local safeguarding guidelines.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. Accidents were reviewed by the registered manager to identify how to reduce the risk of them happening again.
- When people had fallen, and a pattern had been identified, they were referred to relevant health professionals.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the

service.

- Staff received infection control training and used gloves and aprons when required.

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 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

- The provider continued to undertake a thorough initial assessment with people before they moved into the service. This included asking people about their religion, specialised diets and other life choices. Records showed initial assessments considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected. Staff had received equality and diversity training and there were policies in place to support this.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.
- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition, nutrition and hydration. The service used nationally recognised assessment tools to monitor people's health, these were reviewed and updated monthly or sooner if concerns were identified. One person said, "I feel the care I receive is reflective of the care I want and need."
- People's medical conditions were detailed in care plans. This included how it affected people's ability to carry out daily tasks. There was information for staff about signs to look for and what to do if they observed any deterioration in people's physical or mental health.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about if people had specific healthcare needs that may need attention from healthcare professionals such as a GP, occupational therapists or the mental health team.
- People's care plans set out for staff how specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after staff noticed a difference in one person. Another person had received support from the speech and language therapist team about some difficulties in swallowing. Where dieticians had recommended people received fortified food, this was understood and carried out by kitchen staff.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively. For example, about follow up blood tests, hearing and eyesight tests.

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

- People enjoyed the food provided, one person commented, "The choice and quality of food is good, I

really can't fault it." Another person told us, "It's a good meal, the food is hot and freshly cooked."

- Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake. Staff ensured any special health or dietary requirements were met, such as providing softened foods or thickened drinks as recommended by healthcare professionals.
- There was a daily menu which included pictures of the food offered. Staff asked people what they wanted to eat and explained what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided.
- People said they were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.

Staff support: induction, training, skills and experience

- Staff received the training and updates they needed, Training was up to date and a schedule of refresher training was in place. Staff told us training was effective, which enabled them to carry out their roles. Training was provided both face to face and online. Staff had received training about end of life care, deprivation of liberty, mental health and pain and symptom management. People felt staff were well trained, one person told us staff "Knew what they were doing."
- New staff completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. In addition, they had time to read people's care plans and work with experienced staff until they were confident and signed off as competent. Experienced staff were supported to undertake diplomas at various levels.
- Staff had supervision meetings with managers as well as an annual appraisal of their work performance. This provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.
- Nursing staff had completed their revalidation. This is a process to affirm or establish the continuing competence of health practitioners, whilst strengthening ethical and professional commitment to reducing errors, keeping to best practice and improving the quality of care. Medical practitioners, nurses and midwives practicing in the UK are subject to revalidation to prove their skills are up-to-date and they remain fit to practise medicine.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing people's needs, their needs were reviewed regularly, so staff could provide information to health and social care professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, specialist nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed to.
- We spoke with a visiting GP. They felt staff contacted them when needed and followed any instructions they gave. Communication with visiting healthcare professionals was effective.

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

- The service was not purpose built but had been designed and extended to meet people's needs. A passenger lift and stairs provided access around the building.
- The service was spacious and well decorated with wide doorways and corridors. Some people told us they had made suggestions about the décor and room layouts, which had been acted upon.
- People had access to a garden and shaded outdoor seating area as well as access to all communal areas of the service. There were hand rails and ramps to help people do this.
- People's rooms were clean, recently decorated and personalised to suit their tastes and needs.

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.

- Staff had received training and demonstrated a sound understanding of the MCA and DoLS. They were aware any restrictions for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened, for example about medical treatments.
- The registered manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection, 28 DoLS applications had been sent to the local authority and 17 had been authorised. Where there were specific conditions attached to the authorisation, staff were aware of them and worked actively to meet them.
- Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made.

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

- People were relaxed with the staff and registered manager. Staff knew people well including their preferences for care and their personal histories. One person said, "Staff are lovely, they have done so much to make [person's name] feel welcomed and loved. They treat him like a family member." Another person said, "Staff are great, they cannot do enough for me."
- Staff were kind, caring, friendly and attentive. For example, one person could become quite vocal and staff responded to them frequently using distraction, sitting and talking to them or trying to get the person involved in something to do. All staff responded with patience and kindness.
- Staff told us they enjoyed working at the service. One staff member said, "I treat everybody as I would want a member of my family treated." Another staff member told us, "The residents are cared for and looked after well, I would be happy for a family member to be here."
- People, visitors and staff told us they would not hesitate to recommend the home.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and catered for. The registered manager showed us how they ensured this was considered when they assessed people for the service, including consideration of a person's individual needs and protected characteristics, for example disability, race or gender.
- Staff helped people to keep in touch with their family and friends and organised social events in the home. There were many visitors throughout the day.

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

- People told us they were offered choice in how they received their care. People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed. This was reflected in the care provided.
- Information was provided to people in various formats, such as pictures, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves. A staff member told us, "Pictures of food are used to offer some people menu choices." Other staff explained how people chose what they wanted to wear by being shown a selection of their clothes.
- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- Information about advocacy services was available, which some people told us they had used. Advocates help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and staff involved them with day to day activities. One staff member told us, "[Named person] likes to wash where they can and then we are here to give help when it's needed."
- People's privacy was protected, we saw staff knocking on doors before entering and talking with people in a respectful manner.
- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.
- Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised. When one person was wheeling themselves around the home, a member of staff asked if they were alright or needed anything. The person was content just having a look around.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. People told us they received the support they wanted.

Is the service responsive?

Our findings

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

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

End of life care and support

- People were asked about their end of life wishes and, if they were happy to talk about it, their wishes were recorded. However, when people or their relatives did not want to discuss their wishes, this was not always recorded. We discussed this with the registered manager, who agreed to update several care plans to reflect this. This was completed during the inspection.
- Staff made sure there were end of life medicines available as soon as someone was known to be approaching the end of their life. Staff worked with the other professionals such as GPs and hospice staff, to keep people comfortable.

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

- Each person had a care plan that had been developed with them or their relatives. This included information about their lives before they moved into the service and people who were important to them.
- People's care plans contained details about their choices and preferences. This included when they liked to get up or go to bed, if they liked a cup of tea before they had a wash. People were asked if they had a preference to male or female carers and this was recorded in their plan.
- The home had changed to computer based electronic care plans since our last inspection and had almost finished transferring from paper care plans to electronic records. An action plan was in place to complete this task by the end of October 2019. Some paper records would be maintained for quick reference and care plans could be printed when people wanted to read or for care reviews.
- People were supported to maintain relationships with people who were important to them. Visitors told us they were able to visit at any time and were always made to feel welcome.
- People took part in activities they enjoyed, although the activity co-ordinator had recently left the service. An interim coordinator had been appointed who arranged a programme of activities such as outings, crafts and quizzes. People's preferences were considered, and one to one activity were organised. The registered manager told us they had advertised for a new activity coordinator and were arranging interviews.

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.

- People were given information in a way they could understand. There were pictorial written notices around the service to help people find their way around.
- A monthly newsletter summarised what had happened in the previous month and let people know what

was planned for the following month. This was produced in large print, so it was easier for people to read.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The policy was displayed around the service in both written and pictorial form.
- The registered manager had recorded all issues and concerns that had been raised with them. This included an issue raised by a relative. We saw the matter had been investigated and feedback given to an individual staff member, as well as a general reminder for all staff. We spoke with the visitor, they were satisfied with how their concern had been addressed.

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 Requires Improvement. At this inspection this key question has now improved 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

At the last inspection, checks and processes to ensure to ensure improvements were put in place maintained were not fully embedded.

- At this inspection there were effective systems in place to monitor the quality of the service. The registered and deputy manager completed regular audits on all areas of the service. When shortfalls were identified, they were actioned quickly and signed off when complete. The registered manager completed 'spot' audits, to check that staff were always working to the required standard.
- There were now systems in place to make sure that care plans and people's records were accurate and up to date.
- Provider audits maintained an oversight of the quality of service provided and ensured manager checks were thorough and effective.
- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found where needed, notifications had been sent to us appropriately.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- There was an open and transparent culture within the service. People were supported to be as involved in developing their care as possible. Staff told us the service revolved around the people and their needs.
- Relatives told us they thought the service was well led. They told us that people were supported to be as involved as much as possible in the service and developing their care.
- People told us how their lives had improved since moving to the service. Staff had supported them to do the things they wanted and gave them assistance when needed.

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 service had an 'open door' policy. Staff told us they felt the service was one big family. The area manager visited the service often, people and relatives, knew the provider and registered manager. We observed people chatting, laughing and being comfortable in their company. One relative told us, "The staff are very approachable." Another person told us, "All of the staff are very responsive, if there are any problems they do sort it out."
- The registered manager and staff knew people well and understood their needs. We observed people and relatives discussing issues with them and resolving them quickly.
- The registered manager told us how they kept families informed when incidents had occurred and were being investigated. Records confirmed that families and other agencies had been informed as soon as there were any developments.

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

- People, relatives, staff and professionals were asked for their opinions of the service. Quality assurance surveys were completed yearly. Results had been analysed, the results were mainly positive, an action plan had been put in place when issues had been raised.
- People, relatives and staff were invited to attend regular meetings. The issues raised through the quality assurance survey had been addressed at the meetings. The registered manager had developed an action plan following resident meetings and actions were signed off when complete. One person told us, "I go to the resident's meetings, whatever we discuss is usually done. Recently we have been talking about activities and planning what we want to do."
- People and staff were able to make suggestions about the service. The registered manager told us these were actioned whenever possible. These ranged from ideas for meals, activities, visitors to the home and outings.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider attended local forums and updates from national organisations to keep up to date.
- Some staff had been appointed 'Champions' for various areas such as dementia awareness. Staff were supported to attend additional training and were responsible for developing best practice within the service. For example, mentoring new and existing staff.
- The service worked with other agencies such as the local commissioning group to improve staff skills and provide the support people need.