

Harrowby Lodge Nursing Home Limited

Harrowby Lodge Nursing Home

Inspection report

4 Harrowby Lane
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Lincolnshire
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Tel: 01476568505

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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

Harrowby Lodge Nursing Home is a residential care home providing personal and nursing care to up to 30 people, some of whom are living with dementia. At the time of the inspection, there were 26 people living in the home.

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

People were protected from avoidable harm and abuse. Staff followed robust safety monitoring systems to ensure risks to people were well-managed. People told us they felt safe and well-looked after.

Staff provided the right care and support which achieved good outcomes for people. They involved people in developing their care plans and regularly reviewed this to ensure care remained up to date.

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.

We received positive feedback about the caring attitude of staff. Staff demonstrated compassion and respected people's individual choices.

Staff supported people to maintain their hobbies and interests. People engaged in a range of group and individual activities, inside and outside of the home.

People, relatives and staff told us the service was well managed. People told us the care they had received had a positive impact on their lives.

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 23 February 2017).

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.

Harrowby Lodge Nursing Home

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.

Service and service type

Harrowby Lodge 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.

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 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.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, and care workers. We observed activities taking place within the home.

We reviewed a range of records. This included two 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of abuse and ill-treatment.
- There were effective safeguarding systems in place to address any concerns. Staff had a thorough understanding of abuse and knew what to do to make sure people were kept safe.
- The registered manager has a good working relationship with the local authority and understood their responsibilities to report concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm. Risks to people were thoroughly assessed and monitored and staff had the information they needed to care for people safely. A relative told us, "I've never seen anything that's unsafe."
- Equipment was regularly serviced, and the building was well maintained. Staff understood their responsibility to alert the provider to any environmental and equipment-related risks which were addressed without delay.
- There were clear processes in place to monitor safety and lessons were learnt from accidents and incidents.

Staffing and recruitment

- Staff were recruited safely and there were enough skilled staff to keep people safe. One person told us, "The staff are fantastic. They do everything for you. You don't want for anything."
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed. One person told us, "I have my medication on time – I take a lot of pills."
- Medicines were stored correctly and disposed of safely.
- Staff kept accurate medicines records.

Preventing and controlling infection

- People were kept safe from the risk of healthcare associated infections. There were clear infection control and prevention processes in place. For example, there were separate laundry facilities for soiled and clean laundry to prevent cross-contamination. A relative told us, "Every time I come, it always looks like the cleaners have just walked out. Its faultless."

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 now 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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support. One person told us, "[The service] has made a big difference for me, mentally and physically."
- Staff applied their learning effectively and followed best practice which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills, competence and support to care for people. People told us staff were competent in their roles. One person told us, "[Staff] are definitely well-trained. They look after me brilliantly!"
- Staff completed a thorough induction before they started working at the home. They continued to undertake additional training to meet people's needs. Staff told us, "[The] induction was brilliant" and "[It was] the best moving and handling training I've ever had...Staff are going to use things safely and people are more comfortable."
- The registered manager met regularly with staff to review their practice and development and to discuss any concerns. Staff told us they felt well-supported. One staff member told us, "[The] managers are always here...There is always somebody you can ask - you don't feel silly asking questions."

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

- People had enough to eat and drink throughout the day. They were given choice and those with complex needs received the support they needed.

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

- Staff supported people to maintain good health and well-being. Where necessary, they made prompt referrals to other health professionals and followed recommendations.
- Staff worked together to provide the right care to people. A staff member told us, "[Nurses] are really good at giving you a handover of what's happened. I can honestly say if something has changed it is updated that day in the care plan, so you can always trust what you are reading is correct."

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

- People lived in warm, homely environment. They had space to sit together and socialise and access to private areas where they could spend time with family and friends. A staff member told us, "It's their home."
- People's bedrooms were distinctively personalised to meet their needs and preferences. One person told

us they were very pleased with how their many personal photographs had been displayed on their bedroom wall.

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 a good understanding of MCA and DoLS and were confident about using the Act. They followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes. One person told us, "Staff don't do anything without asking permission."
- Restrictions were regularly reviewed and only imposed as an absolute last resort.

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 looked after people well. They treated people with genuine kindness and compassion. One person told us, "I can't praise the staff enough." A relative told us, "The staff go out of their way to help you. They are 100%."
- People received care free from discrimination. Care plans recorded people's diverse needs. A staff member told us, "No one is treated differently. I confidently believe everyone is treated equally."

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

- Staff supported people to contact potential sources of support and advice and provided advocates with any information they need (with people's permission).
- Staff had enough time to provide care and support in a compassionate and person-centred way. One staff member told us, "We definitely have enough time to spend with people. You're never rushed. You have plenty of time for everybody."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. A staff member told us, "If someone is able to do something for themselves, we let them be independent."
- Staff respected people's right to privacy and confidentiality. Care records were stored securely, and staff supported people with personal care discreetly and compassionately. A staff member told us, "We don't stand in the corridor discussing people. We don't speak to residents about other residents. I wouldn't discuss people at home. It all stays here."

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; 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 received personalised care and support. Their care plans contained information about their likes, dislikes and preferences, and staff used this information to care for people in a way they preferred.
- Staff responded quickly to changes in people's needs. They acted to ensure people continued to receive the right care and support. A staff member told us, "This morning we were worried about [Name] being able to get out of bed with the equipment in place. We asked the nurse to assess them and their care plan was updated."
- Staff supported people to access the community, take part in activities they enjoyed and to pursue hobbies and interests.
- People took part in group and individual activities and attended events held at the home. One person told us, "There is always something for us to do – in and out and about." A staff member told us, "[The provider] did a beach afternoon the other week; [people] loved it. The ice cream van came. [People] were so excited about it. It was nice."

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.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Staff shared this information with other health professionals to ensure people received continuity of care.
- One member of staff shared their pleasure in having served hot chocolate to one person living with dementia, which they chose from the picture menu.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. They were confident any concerns would be addressed. One person told us, "If I have any concerns [staff] sort things out."
- The service had not received any formal complaints at the time of the inspection. The manager credited this to their open approach and responsiveness to concerns. They told us, "My door is always open. That's why we don't receive complaints. We have that openness and encourage families to speak up in this way."

End of life care and support

- Staff followed national good practice guidance and professional guidelines for end of life care and provide care in line with this consistently.
- People's preferences for end of life care was well-documented and staff respected peoples 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a warm, compassionate culture within the service and a clear vision to provide high-quality person-centred care. One person told us, "I am just thrilled with the place. They (Staff) have really helped me. The best thing is they all work as a team - every single one of them."
- Staff were clear about their roles and responsibilities. The service benefitted from strong, consistent leadership which achieved good outcomes for people. Staff told us, "Everyone feels very strongly about helping people to live the best life they can here."

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; Continuous learning and improving care

- Quality assurance arrangements were robust and highlighted potential concerns and areas for improvement. Staff understand these systems and used them consistently.
- The provider and registered manager worked in a transparent way and made improvements where they were able. Learning was shared with staff to ensure improvements were sustained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider listened to and valued the contribution of people and staff in the running of the service. One person told us, "We have a meeting now and again, which I think is very good." A staff member told us, "I can raise concerns - I'm always raising things."
- The provider and registered manager were a visible presence within the service and engaged openly with people, their families and staff.
- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the local and wider community. Children from a local primary school visited the home, as did other members of the community who took part in activities with people. The provider had recently signed up to a postcard scheme whereby people using the service corresponded with people from all over the world.