

# Springfield Healthcare (Harcourt) Limited

# Harcourt Gardens Care Home

## Inspection report

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Date of inspection visit:  
14 September 2022  
04 October 2022

Date of publication:  
17 November 2022

## 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

Harcourt Gardens Care Home is a residential care home providing accommodation for people who require nursing or personal care to up to 115 people. The service provides support to older people and younger adults, people with a physical disability, sensory impairment and dementia. At the time of our inspection there were 29 people using the service.

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

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 told us they felt safe navigating the home and with the staff who supported them. Staff had received training in safeguarding and felt confident using the processes in place to report any concerns. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe.

The service was a modern build with a safe, homely environment. However, records used to check equipment and to ensure safe evacuation in the event of a fire had not been updated as required.

Medicines were managed and administered safely, with regular checks completed. We were assured the measures taken helped prevention and control of infections.

Staff responded promptly and were attentive to people's needs. The registered manager monitored staff deployment and ensured enough staff were always on duty. Processes in place ensured safe staff recruitment, with a range pre-employment checks completed.

People received an initial assessment of their needs. Care records included up to date information which showed people's involvement with their development and reviews. Care provided was personalised and supported people's preferences and wishes.

People were supported by caring, friendly staff who knew their needs well. People told us staff were skilled in their roles. Staff received required training and checks to ensure they followed best practice guidance.

People's health needs were being met. The service worked closely with other health professionals and external agencies to support them with their health and wellbeing.

People and staff spoke positively about the management of the service and their openness to feedback. The manager was approachable, maintained regular communication and listened to the views of others.

A range of audits and checks were completed to maintain and where required, implement any required improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating

This service was registered with us on 22 December 2021 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC raised some potential concerns around the process for residents leaving the home unaccompanied. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

#### Recommendations

We have made a recommendation about the management of fire safety.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Harcourt Gardens Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Harcourt Gardens Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harcourt Gardens Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 14 September 2022 and ended on 18 October 2022. We visited the service on 14 September 2022 and 4 October 2022.

### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who used the service about their experience of the care provided.

We spoke with 8 members of staff including the registered manager. We reviewed a range of records. This included 3 complete care records, 3 staff files and records relating to the management of the service. We observed the medicines administration and management process including associated record keeping.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Required checks to ensure safe evacuation from the building and to ensure fire equipment remained in date had not been recorded.

We recommend the provider reviews current guidance on fire safety to ensure the service remained safe during any fire emergency.

- Risk assessments included up to date information to explain the risks for people and the actions for staff to take to reduce these. The registered manager said, "We have prioritised a review of care plans to ensure people are safe both in the home and when going out into the community."
- Care records included information about people's medical conditions and information was available for staff to ensure they could react quickly where any concerns were evident. One staff member said, "We have access to good information, records are held electronically and reviewed regularly."
- Management oversight of accidents and incidents was used to help reduce risk and keep people safe from similar events.

Staffing and recruitment

- Employment policies and procedures were followed. The provider completed robust checks to ensure they recruited staff safely. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager utilised a staffing dependency tool and had contingency plans to ensure there were enough staff available to provide care and support to meet people's assessed needs.
- Staff told us they benefitted from a small, committed team who worked closely together with senior carers and management, ensuring people's needs were met. One staff member said, "We are recruiting for more staff, the residential floor has filled up since we opened. We use some agency which is okay, but they change, and they don't know people as well as permanent staff. Everyone's needs are being met though and the residents seem happy."

Using medicines safely

- Where assessed, people received support from suitably trained and competent staff to take their medicines as prescribed. One person said, "Staff manage all my medicines without concerns, I have a lot of medicines so it's one less thing for me to worry about."
- Some people were prescribed creams and medicines to be taken on an 'as and when required' basis.

Information was in place to guide staff about how and when to administer these medicines following the provider's medicines policy.

- Staff had a clear understanding of safe medicines administration processes.
- Checks were completed to ensure medicines were managed and administered following best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were seen to be relaxed and comfortable with staff present.
- Staff had received safeguarding training and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was up to date with government guidance to ensure visiting arrangements were maintained for people.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to people moving into the service, the provider completed individual assessments with people to determine and meet their individual level of need.
- People were involved in planning and reviewing their care and support plans. One staff said, "We have access to good information about people; there's no gaps in people's needs."

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.
- Staff received appropriate ongoing support, supervision and training. One staff said, "We are very well supported with a range of training resources and we receive checks to determine any short falls. For example, when managing and administering people's medicines."

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

- People received support to remain healthy. Where people's weight was a concern, supportive measures were implemented. For example, weekly weights were recorded and support was available from dietitians.
- A choice of meals was provided, and people appeared to enjoy the food on offer. Staff were available to provide support where needed.
- Snacks and drinks were offered throughout the day. One person said, "The choice of food is good. The service is new, and they are open to any suggestions we may have to further improve the meal time experience."

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

- People told us, and records confirmed they had good support to access other health professionals where required. One person said, "We have a GP surgery next door which is very helpful for appointments. They also visit us here along with district nurses and occupational therapists."
- Staff clearly understood the required processes to ensure people received timely access to health professionals.
- The provider ensured that any external health advice was recorded as guidance for staff to follow.

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

- The home environment was modern and welcoming with good access to communal areas and outside

garden areas.

- The provider employed a dementia lead who was responsible for reviewing this area of the home to ensure the environment remained easy to navigate for people who may become confused. For example, with door numbers, signage and areas to stimulate people's interest.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware of their responsibilities under the MCA.
- People assessed as lacking capacity under the MCA had required assessments, best interest decisions, authorisations and reviews in place.
- People told us staff discussed their needs all the time and always asked if they were happy to proceed prior to providing care and support.
- Staff understood the importance of offering people choice and to promote their independence.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us staff were kind and caring. One person said, "I couldn't manage on my own. The staff here are very busy, but they always have time for you."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff said, "We have regular staff 'huddles' during staff shift changes. We discuss any daily changes to people's needs to ensure continuation of care throughout the day."
- Care plans included detail of any diverse needs for people to ensure these were known to staff and respected.
- We observed sensitive interactions between people and staff who showed complete empathy and understanding when this was required, along with sharing humorous moments to pass the day.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were actively involved in the planning of their care and were supported to express their views. One person said, "We are very much at the centre of the full care package. We can ask for changes and raise any concerns which are quickly dealt with."
- Staff understood the importance of maintaining dignity, privacy and providing compassionate care and support.
- People told us staff encouraged and supported them to be as independent as possible.
- People enjoyed consistent care from regular staff who they knew.
- People told us they attended resident forums where they were able to contribute their feedback and receive updates on any changes at the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that reflected their needs and preferences.
- Care plans provided staff with personal background information. For example, their likes and dislikes, health and care needs and how they would like to be supported.
- People were routinely involved in planning and reviewing their care. Where people were not able to plan areas of their own care, decisions were made in their best interest by people who understood their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included records of their needs with regards to hearing, sight and speech.
- Staff confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.

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

- Daily activities were coordinated by staff who supported people to enjoy interests of their choosing both individually and in groups.
- The provider ensured any religious preferences were recorded and people were supported to practice their faith.
- Where people chose to remain in their rooms, they were assured of staff support and visits from friends and families to ensure they remained stimulated and avoided social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place to ensure any concerns were addressed without unnecessary delay.
- People told us they understood how to raise any complaints. They told us they rarely had cause to complain but that any concerns were appropriately responded to.

- Feedback, including concerns and complaints was welcomed by the service and where appropriate outcomes were used to help improve the service for people.

#### End of life care and support

- Records included information to ensure people received end of life care and support according to their wishes and preferences.
- Any advanced care and support decisions made by people were recorded. This included information for staff to follow to ensure people received their chosen level of medical support at the right time, to remain pain free during the end stages of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us the service was managed well with caring staff. One person told us, "It's a new service, we have had a few managers, but it is now settling down with a regular supportive manager who is very approachable."
- Staff told us senior staff were approachable which resulted in good communication and support which benefitted people using the service.
- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to help the service improve.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The manager and staff understood the need to be clear and record incidents in a way that they could be easily investigated and responded to.
- People and staff were confident they would be involved in any investigations, supported and receive feedback to aid future learning.

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

- The manager was aware of their responsibility to notify the relevant authorities including the local authority and CQC of important or significant events that happened in the service.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with

consistent care. They told us this approach promoted people's independent living arrangements.

- Thorough pre-assessments of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments were made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care and support.
- The service had good partnership links with stakeholders including other health professionals. For example, people were supported holistically with their health needs with input from area specialists. This ensured people received guidance and support to maintain their health and wellbeing where required.