

Harrowby Lodge Nursing Home Limited

Harrowby Lodge Nursing Home

Inspection report

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Website:

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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 

Overall summary

Harrowby Lodge Nursing Home provides accommodation for up to 30 people who need nursing and personal care. The service provides care for older people some of whom are living with dementia. The main accommodation is an adapted older two storey building to which a purpose built ground floor extension has been added. In the main

building there is a passenger lift to assist people to get to the upper floor. The service has 22 single bedrooms and three double rooms, which two people can choose to share.

There were 27 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 18 December 2014. There was a registered manager. A

Summary of findings

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 Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves or others. At the time of our inspection no people had had their freedom restricted.

We last inspected Harrowby Lodge Nursing Home in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People were helped to stay safe. Staff knew how to recognise and report any concerns so that people were kept safe from harm. Staff helped people to avoid having accidents. People's medicines were safely managed. There were enough staff on duty. Background checks had been completed before new staff were appointed.

Staff had been supported to assist people in the right way. People had been helped to eat and drink enough to

stay well. People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People received all of the care they needed. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they were supporting and the choices they had made about their care. They were aware of how to care for people who lived with dementia and who needed extra support. People were offered the opportunity to pursue their interests and hobbies. There was a good system for handling and resolving complaints.

People had been consulted about the development of the service. The registered manager had completed regular quality checks to make sure that people reliably received the care they needed in a safe setting. There was an open culture that encouraged staff to speak out if they had any concerns. People benefited from receiving a high standard of end of life care due to the service having made nationally accredited support arrangements.

Summary of findings

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by promoting their wellbeing and avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had been supported to care for people in the right way.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring. People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who lived with dementia.

People were supported to make choices about their lives including pursuing their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led.

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Good



Summary of findings

There was a registered manager and staff were well supported.

The service was accredited as providing a high standard of end of life care.

Harrowby Lodge 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.

We visited the service on 18 December 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. We focused on speaking with people who lived in the service and their visitors, speaking with staff and observing how people were cared for.

During the inspection we spoke with 12 people who lived in the service, two nurses, three care workers, the activities

manager, the chef, the deputy manager and the registered manager. In addition, we met with the directors of the limited company that owns and runs the service. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a representative of a local primary healthcare team who supported some people who lived in the service to obtain their views about it.

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, “I can’t speak too highly about the staff because they’re all kind and so nice to me.” Relatives were reassured that their parents were safe in the service. One of them said, “I’m here a lot and if something wasn’t right I’d know. I can go away from here confident that my mother is being treated with kindness.”

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff were definite that they would not tolerate people being harmed. They said that they would immediately report any concerns to a senior person in the service. In addition, they also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any concerning incidents and had taken appropriate action to make sure people who used the service were protected.

We saw that staff had identified possible risks to each person’s safety and had taken action to reduce the risk of them having accidents. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, they usually accompanied them when they were walking from room to room. Some people had rails fitted to the side of their bed. This had been done with the agreement of the people concerned so that they could be comfortable in bed and not have to worry about rolling out. When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again.

People were confident in the way staff managed their medicines. A person said, “The nurses do the medication and they call to my room three times a day. They make sure I take it before going. If I did it for myself I’d get in a muddle. Matron checks it all now and then to make sure it’s right.” There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Nurses who administered medicines had received training and they correctly followed the provider’s written guidance to make sure that people were given the right medicines at the right times.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service which provides police checks. These checks showed that the staff did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The provider had established how many staff were needed to meet people’s care needs. We saw that there were enough staff on duty at the time of our inspection because people received the care they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the provider said was necessary. Staff said that there were enough staff on duty to meet people’s care needs. Most people who lived in the service and their relatives said that the service was well staffed. A relative said, “The staff are busy all the time but there seems to be a lot of them around. It’s certainly not understaffed because I can see that the residents get the care they need and rarely have to wait too long.” However, a minority of people voiced reservations. One of them said, “Sometimes I think the staff are pushed a bit too far.” Another person said, “The staff can’t always get to you quickly because they have other people to see first. I get anxious that they won’t get to me in time if I need to use the bathroom.”

Is the service effective?

Our findings

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A person said, "The staff are very good with me and they take care of us all. The staff are just what you want really." Another person said, "The staff always make sure I am alright and comfortable."

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. The provider said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed.

Records showed that the provider had checked that each nurse had maintained their registration with the relevant professional body. This meant that they had demonstrated their good conduct, undertaken refresher training and were deemed to be competent to provide clinical nursing care.

During our inspection we saw that people were provided with enough to eat and drink. Some people required assistance to make sure that they were eating and drinking enough. This help included being assisted by staff to eat their meals and having food and drinks specially prepared so it was easier to swallow.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. A person said, "I like the fact that the staff look out for me and if I'm not well they're on to the doctor straight away. I might hold off a bit but they err on the side of caution which I suppose is good." Care records showed that some people had received support from a range of specialist services such as from dietitians, speech and language therapists and occupational therapists. We

contacted a healthcare professional who knew the service after our inspection. They said that they were 'entirely satisfied' with how people who lived in the service were supported to maintain their health.

Staff were confident that they could communicate with and effectively support people who lived with dementia. In addition, they said that they had received training to assist them to care for people with special communication needs. We saw that when a person who lived with dementia became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was upset because they could not easily see out of the window into the garden. The staff member helped them to move to their chair and then sat with them pointing out different birds that were visiting the garden. After this was done the person was seen to be calm and smiling. The staff member knew how to identify that the person required support and they provided this in a way that effectively responded to the person's wishes.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make particular decisions. For example, the registered manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "When my mother first moved in the manager tactfully asked about if she needed any help to make decisions and about the role we wanted to play in that."

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity

Is the service effective?

Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about some people who lived in

the service to ensure they did not place unlawful restrictions on them. This had resulted in applications not being made for authorisations under the Deprivation of Liberty Safeguards because these people were not subject to a level of supervision and control that may amount to deprivation of their liberty.

Is the service caring?

Our findings

People and their relatives made many positive comments about the care provided in the service. We did not receive any critical comments about the quality of the care that people received. A person said, “The staff do too much for me some days because they want to help. Certainly, I’ve had all the help I need.” Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, “I call here regularly and have never seen anything but kindness.”

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. For example, we saw a person being assisted to change the station on the television in their bedroom. The member of staff tried several stations until she found one that engaged the person’s interests in gardening.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, one person described how each morning staff assisted her to select clothes that had matching colours. She said that coordinating her clothes in this way had always been important to her.

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. A relative

said, “I like how the staff make me feel welcome. If I’m here when drinks are being served I’m always offered a cup of tea and I just feel that staff welcome visitors and haven’t got anything to hide.”

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people’s private space. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, “The staff don’t impose on you they always ask. They treat my bedroom as my property not their property.” People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom or alternatively they could use a payphone that was located in a quiet area.

Is the service responsive?

Our findings

People who could speak with us told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. A person said, "I like to do things my way as I have done for many years. The staff understand the importance of this and when I came in they asked me how I wanted things to be." Records and our observations confirmed that people were receiving all the practical assistance they needed.

People said that they were provided with a choice of meals that reflected their preferences. They commented positively on how the cook regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person said, "The meals we get are very good really. I don't think they use much if any instant foods. It all seems to be home cooked and I like how the cook has a chat with us about how we like our meals." Another person said, "The meals are very good, it's a very good menu but I am overfed."

We saw that each person's care plan was regularly reviewed to make sure that it accurately described the care to be provided. However, the care plans were not written in a user-friendly way and so people were not fully supported to access the information they contained.

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "The staff have regularly kept in touch with me in between my visits to the service. I really appreciate being kept up to date with how things are going for my mother."

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a

member of staff chatting with a person about how Grantham had become larger over the years. The person commented on how an area they had known as fields when they were a child was now a residential estate.

We saw that staff respected people's individual routines and so people who wanted to use their bedrooms were left without too many interruptions. A person said, "The staff don't bother me too much in my bedroom. They know where I am and I know how to call them if I need help. They know that I value my privacy." Another example of respecting each person's individuality was the way in which staff addressed people. They acknowledged that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally.

Staff were happy to do extra things for people that responded sensitively to their individual needs. For example, we saw that arrangements had been made for a married couple to rearrange their bedrooms. This had enabled them to have one room as their bedroom and the other as their private lounge. The arrangement had responded to their wish to continue having their own private space after they moved into the service.

Staff had supported people in a number of ways to pursue their interests and hobbies. The activities manager had offered people the opportunity to take part in activities such as games, quizzes and craft work. We saw that a person who did not want to take part in group activities was given one to one time. This involved the activities manager massaging their hands using an aromatic oil that the person had chosen themselves. Staff had assisted some people to access community resources including visiting a local public house in the summer time. Records showed that shortly before our inspection schoolchildren had visited the service to sing seasonal songs. In addition, we noted that a professional theatre group was due to visit the service the day after our inspection to perform a Christmas pantomime.

Arrangements had been made for some people to have their own newspapers and magazines delivered to the service. There was a selection of library books. In addition, large print books and audio books could be obtained. There was wireless internet throughout the service which meant that people could use computers and other devices to go on-line.

Is the service responsive?

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. A relative said, "I have seen the complaints procedure but I've never had the need to read it. Occasionally I might have needed to raise something and when I do whatever it is has been sorted out. I think it's best to keep things informal and it's that sort of place."

The provider had a formal procedure for receiving and handling concerns. Each person and their relatives had

received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the provider. This meant people could raise their concerns with an appropriately senior person within the organisation. The provider had not received any formal complaints since our last inspection. The registered manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis.

Is the service well-led?

Our findings

The registered manager had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the registered manager had completed checks to make sure that people were protected from the risk of fire and that equipment such as the passenger lift remained safe to use.

People who lived in the service told us that they were asked for their views about their home. A person said, "We do have residents' meetings. They're informal chats and we can say what we think." We saw that when people had suggested improvements their comments had been acted upon. For example, arrangements had been made for the activities manager to be on duty more frequently. This had been done so that people could have more opportunities to pursue their hobbies and interests. A person said, "I think we spoke about having more activities at the last meeting and you do see the activities lady more around now."

We saw that each person and their relatives were invited to meet with a senior member of staff every six months to review the care provided and more generally to give feedback on the service.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who used the service and with staff. They had a good knowledge of the nursing and personal care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care

they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm very confident that the service is well run. The staff get on well together. They know what they're on with and you see them working as a team. This doesn't happen by accident it's because things are well organised."

The atmosphere was open and inclusive. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "It's always been made very clear to us that the residents come first and we have an absolute duty to speak out if we have any concerns at all. I've never had the need to do so."

In addition, the registered manager had provided the leadership necessary to enable the service to obtain a nationally recognised accreditation for end of life care. This had involved developing 'gold standard' arrangements to ensure that people received compassionate and responsive care at the end of their lives. For example, there was provision to ensure that people could have immediate access to medicines that might be needed to keep them comfortable and free from pain. This involved a doctor prescribing medicines in advance with nurses being able to administer them in accordance with strict guidelines.