

Barchester Healthcare Homes Limited

Harton Grange

Inspection report

Bolden Lane, South Shields, Tyne and Wear, NE34

OLZ

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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

Harton Grange is registered to provide accommodation for up to 61 persons who require personal care, some of whom may have dementia. It is a purpose built building with two floors of accommodation which are served by a passenger lift. The home has a balcony sitting out area and a safe, secure garden area. The home is situated in a residential area in South Shields, close to shops, amenities and public transport. At the time of our inspection, there were 60 people using the service.

This inspection took place over two days. The first visit on 16 December 2014 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 17 December 2014.

The last inspection of this home was carried out on 23 December 2013. The service met the regulations we inspected against at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe at Harton Grange. They told us, "I feel really safe sleeping here. I don't feel worried about anything" and "It's lovely here. It's the people; the

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way we all work and play together.” Relatives also considered the home to be a very safe place for their family members. One commented, “It’s lovely. I’ve got no worries. The girls are lovely. (My relative) is relaxed. I come every day. She is never upset when I go. They’re marvellous; from the handyman, the manager, and the catering staff – all of them. Safe, I couldn’t have picked a better place.”

The staff identified potential areas of risk in respect of people’s care, such as the risk of falls and skin damage, and took steps to reduce the likelihood of people being harmed by such risks occurring.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff carried out their duties in a thorough and calm way. Relatives told us, “I’m sometimes surprised at the number of staff. There always seems to be plenty of staff,” and “Yes, there is usually enough staff. We’ve never felt it’s inadequate or the staff are not coping.” We found there were thorough recruitment procedures in place. This helped to protect people as checks had been carried out on potential staff before a decision was made to employ them.

People’s medicines were managed safely. Staff followed safe procedures which helped ensure people’s medicines were stored correctly, ordered in time and given to them when they needed them. Relatives we spoke with were confident their family members received the help they needed with medicines. One commented, “She gets her pills at the right time. She had conjunctivitis last week; they’ve been putting eye drops in and it’s cleared up.”

Staff told us they felt supported by the provider, by way of training, supervision and appraisal. This helped them provide effective care for people. People and their relatives were confident the staff team had the skills needed to care for people well. Similar views were also expressed by health and social care professionals who regularly visited the home. Their views included, “Staff are excellent and very caring,” and “Their communication skills are excellent.”

Staff sought people’s consent before they provided care to them. Staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

Comments from people, their relatives and dietetic professionals showed that the service provided effective

support to people to provide them with good nutrition and hydration. Relatives told us, “The food is very good. There is always a choice. They keep an eye on (our family member’s) weight and fluids. She finishes her meal every day.” Another relative said, “My relative had put a bit of weight on, the last time she was weighed. She loves her grub.” A health professional said, “The cooks have an excellent understanding of nutrition needs and we’ve seen a 70%-80% decrease in the reliance on nutritional supplements, directly through the high standards of catering provided here.”

People were supported with their health care needs and prompt referrals were made for medical assistance when needed. A member of the community nursing team who regularly visited the service told us, “We work very closely with Harton Grange. We have no concerns from the past or present. They follow care plans. Their palliative care is very good. We work through any issues together.”

Staff had developed positive, caring relationships with people using the service. Relatives of people who used the service were confident that the staff team were caring and kind. Their comments included, “It’s brilliant,” and “Staff genuinely care.”

Staff showed people respect and dignity and safeguarded their privacy. Staff were able to spend time with people in meaningful tasks and conversations which meant people felt supported and cared for.

People received personalised care that was responsive to their needs. The service provided skilled and stimulating care for people with dementia conditions. The registered manager and staff had put considerable thought and attention into creating an environment which provided safe opportunities for people to keep busy, get involved in interesting activities or just spend time with staff and other people in a convivial atmosphere. Relatives and health care professionals we spoke with praised the positive impact this had made to people. A relative told us, “The change in my relative is unbelievable. They are doing crafts and she is going on trips. She was stuck in a rut. It is like she has gone to being fifty or sixty. The staff are amazing.”

People had no complaints about their care and were confident any issues would be dealt with appropriately. People were encouraged to share their views about the

Summary of findings

service and these were acted on. For instance, people were able to influence the decoration of the communal areas of the home and had been involved in the decoration of their own bedrooms.

The service was managed well and the registered manager ensured good quality and consistent care. This was reflected in the comments we received from a number of other professionals who had contact with the service. For instance, a local authority care manager told us, "The registered manager is lovely. She is fantastic as a

manager. She has drive, enthusiasm and commitment. She is not a pushover; if there is a problem, she is onto it straight away." Relatives of people who used the service were also impressed by the way the service was managed. One relative commented, "(The registered manager) is great. You only have to step in the home and it is always lovely. She is always on the ball and she watches the staff without being bossy. She has a good sense of humour. She keeps on top of her job."

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.

People were confident about their care and treatment at Harton Grange. Their relatives felt their family members were safe. Staff knew how to report any concerns about the safety and welfare of people who lived there.

Risks to individuals and the service were managed effectively so that people were protected and their freedom supported and respected.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Checks had been carried out before staff were employed to make sure they were fit to work with vulnerable people.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were well supported to carry out their roles and they received the training they needed.

Staff followed the requirements of MCA and DoLS and people were asked for their consent before receiving any care.

People were supported to eat and drink enough and maintain a balanced diet. The staff were skilled at producing nutritious, varied meals that people enjoyed.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



Is the service caring?

The service was caring.

People said they were well cared for. Relatives and health and social care professionals were very confident staff cared for people well.

People were treated with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People received personalised care and had been involved in making decisions about how their care was provided. The service was well designed to meet the needs of people with dementia, who thrived in the stimulating environment provided.

People and their relatives had no complaints about the service, but felt confident about raising concerns, if they had any, and felt any issues would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager promoted a positive culture that was person centred, open and enabled people to influence the way they were cared for.

People, their relatives and other professionals who had regular contact with the service, were impressed with the quality of care provided. The registered manager ensured the service delivered high quality care by carrying out effective audits and ensuring staff were well supported to carry out their roles.

Good



Harton Grange

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 December 2014 and was unannounced. The inspection was carried out by two adult social care inspectors.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. A significant number of people using the service had dementia type conditions and could not easily tell us their views.

We received a Provider Information Return (PIR) before we carried out this inspection. A PIR is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that

the provider is legally obliged to tell us within the required timescale. We also contacted the local authority commissioners, safeguarding and deprivation of liberty officers, as well as the clinical commissioning group and the local Healthwatch. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. We did not receive any information of concern from these organisations.

We also sought and obtained opinions from the local district nursing services, a local health professional and a dietician; all of whom had provided health and care services for people living at Harton Grange. We also spoke with a visiting community nurse and a local authority care manager during our inspection.

We spoke with ten people who used the service and relatives of seven people. We also spoke with the registered manager, the deputy manager, and five members of the care staff as well as an ancillary member of staff. We observed how staff interacted with people and looked at a range of care records, which included the care records for eight of the 60 people who used the service, medicines records and records about the recruitment and training of staff.

Is the service safe?

Our findings

People told us they felt safe at Harton Grange. Their comments included, “I feel really safe sleeping here. I don’t feel worried about anything,” and “It’s lovely here. It’s the people; the way we all work and play together.” Relatives we spoke with were also confident their family members were safe at Harton Grange. For instance, one relative told us, “[My family member] has only been living here a short while but I love it. Everyone is really lovely and I feel that [people] are very safe here.” Another said, “The staff here wouldn’t abuse anyone.” Another relative commented, “It’s lovely. I’ve got no worries. The girls are lovely. (My relative) is relaxed. I come every day. She is never upset when I go. They’re marvellous; from the handyman, the manager, and the catering staff – all of them. Safe, I couldn’t have picked a better place.”

A member of a District Nursing Team, who regularly visited the service, told us, “I think they are very safe. It is a 99% great home.” A local authority care manager informed us, “We’ve not had any safeguarding issues. There are very few here. Any issues or problems are dealt with effectively and quickly.”

We spoke with five members of staff about safeguarding and protecting people from harm. In every case staff told us that they had received training in preventing abuse and that they knew what to do if they suspected it. Staff also proactively told us details of the whistleblowing procedure and said that they would feel confident using it if they needed to. One member of staff said, “The training on the Mental Capacity Act (2005) and safeguarding was really specialised and I thought it was useful for the people we have living here with different needs. The training on the whistleblowing procedure helps make us more vigilant about watching for signs of abuse.” A member of staff also told us that the whistleblowing policy was discussed routinely during refresher training and that the registered manager had been very clear about everyone’s responsibilities with regards to it.

Staff understood their responsibilities in managing hazards around the home. They told us that they felt the training they had received helped them to manage risks without restricting people’s freedom. One member of staff told us that their safeguarding training had helped them to understand how to keep people safe inside the home.

From our observations, we found that staff were demonstrably invested in people’s safety and wellbeing and had a very good awareness of what was happening around the home. People and their visitors were able to have tea, coffee and snacks in the communal areas of the home. We observed this service and found that staff had a good awareness of the associated hazards. For instance, hot drinks were transported in containers with lids that prevented spillages. The hot drinks trolleys were never left unattended and staff ensured people were served drinks in containers appropriate for them. This ensured that people were able to socialise safely. We also noted that catering staff were vigilant about kitchen safety. We saw evidence of this by observing that when people approached the kitchen to ask for a snack, they were protected from hot surfaces and cooking equipment.

Care records showed that people were also routinely assessed against a range of potential risks, such as falls and skin damage. The required actions set out in these risk assessments were followed in practice. For instance, people who had been assessed as being at high risk of pressure ulcers people had pressure relieving mattresses on their beds and used pressure relieving cushions in their chairs. Special mats with integral sensory devices were used with some people to alert staff if the person got out of bed and may be at risk of falling. This was confirmed by relatives of several people. For instance, one told us, “My relative fell. They now use a sensor.” Specialist advice had been sought in a timely way from a Falls Specialist Nurse where people were at risk of falls. We saw their advice had been implemented. For instance, one person had special mats known as ‘crash mats’ next to their bed to reduce the likelihood of injury if they rolled out of bed. Their relative told us, “My relative had a few falls. They use floor cushions now.” This showed that risks to individuals were managed effectively so that people were protected and their freedom supported and respected.

There were enough staff to provide a good level of support to people. At the time of this inspection the staffing levels comprised of nine care workers including senior staff between 7.30am to 9pm. Five care workers, including a senior worker, were scheduled to work between 9pm to 7.30am. The care staff were supported by a team of ancillary staff, including chefs, kitchen assistants, laundry and administrative staff.

Is the service safe?

Call bells were responded to rapidly and staff worked well with each other to provide the most efficient response possible to each call. We spoke with people and relatives about this. A relative said, “There are always plenty of staff around, we’ve never had trouble finding anyone. What’s nice is they actually seek you out to have a chat and ask how you’re doing. That’s a really great thing about this place.” A person told us that, “There are always staff around for anything you need, even if you just want to talk.” We spoke with a health professional who regularly visited the service. They commented, “When we ring the door there is always staff around, we never have to go and find them. There are plenty staff around.”

Staff told us that they were happy with staffing provision and that the registered manager was flexible with this. For instance, staff said that if a person needed extra support or had a medical problem, staffing levels could be increased. Another member of staff commented, “There is always one person on the floor. I’ve never worked here on shift and been short staffed.”

There were thorough recruitment procedures in place which helped to protect people. We looked at records for four staff. These showed that checks had been carried out with the Disclosure and Barring service (DBS) before they were employed to establish whether applicants had a criminal record or were barred from working with vulnerable people. In addition, at least two written references including one from the staff member’s previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. A care worker told us, “They got references from my previous employers. I brought ID in and a police check was done. I had an interview with the registered manager.” These showed checks were carried out before staff began work.

People and their relatives told us medicines were managed effectively so that they received them safely. For instance, one person told us that they were happy with the way staff supported them to take it. The person also said that staff had explained what their medicine was for and that they had never been asked to take anything that they had not agreed to. A relative of another person commented, “She gets her pills at the right time. She had conjunctivitis last week; they’ve been putting eye drops in and its cleared up.”

We looked at the Medicines Administration Records (MARS) of eight people and found them to be up to date and supported by the information contained in care plans. When medicine was administered to people, this had been accurately recorded and we found no missed doses or discrepancies in stock. We found that each person had a ‘Medication Profile’ that was labelled with their photograph, for which the provider had gained consent. Staff told us that the photograph helped them to quickly identify the MARS for each person. The photograph sheet also included information for staff such as whether the person had a choking risk or any allergies. This meant that staff were able to administer medicines safely and accurately because the provider had taken steps to ensure people could be easily identified.

We found that people’s medicines were stored safely and according to the manufacturer’s guidelines. We looked at the temperature records for the medicine storage room and for the refrigerated medicines storage. We looked at the provider’s protocols for the use of ‘as-needed’ medicine and found them to be robust and informed by medical professionals. We found evidence from looking at records that staff had followed the protocols appropriately. A member of staff said, “The meds training is really thorough and it definitely helps us with some of the complex behaviour we have here, such as helping people with dementia.”

We found that medicines audits had taken place weekly and monthly. The weekly audits had been completed by the manager and had been used to ensure the consistency and accuracy of the administration of medicines. The monthly checks had included a visual and documentation check of controlled drugs, storage temperatures, stock checks and MARS accuracy checks. Controlled drugs are medicines which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations. This means there are specific requirements about their storage and accounting records. When looking at the audit documentation, we found that there had been no recent errors in any area of medicines administration.

Is the service effective?

Our findings

From speaking with people, health professionals and staff and by observing people, it was clear that staff had a good understanding of their roles and responsibilities. A person who used the service told us that they enjoyed spending time with staff and that they felt well looked after. One person said, “They’re [staff] all so lovely, it’s nice to be able to sit down and spend some time with them, they never rush us.” We spoke with a relative and asked them how they felt about the staff they had observed or spoken with. We were told, “One of the best things about this home is the staff. I remember on our first visit to see [relative], we were made to feel so welcome by the staff. They actually came to find us, making a special effort to introduce themselves, ask us if we needed anything...the welcome blew me away.”

New members of staff received induction training. One member of staff commented, “I had to read through the induction files, and was then shadowed and trained before I could start work. That was fine.” Staff told us and records confirmed, they received necessary training in health and safety matters and about how to care for people well. They told us they had been given regular supervision and appraisal, which are methods used to review staff performance and identify any training or other ways staff may need support. A member of staff told us, “I’ve had quite a few supervisions since I’ve been here. I’ve just had my annual appraisal; it was brilliant.”

The staff team had been organised in the best interests of people and that they worked well together to provide appropriate and effective care. The staff that we spoke with had detailed knowledge of people’s care plans and daily care needs. They told us that they felt well-equipped to support people with mental health needs and that everything they did was with respect and dignity in mind. A health professional who regularly visited the home commented, “Staff are excellent and very caring.”

Some people needed the support of specialist equipment to be able to move around safely. We observed that staff were properly trained in safe moving and handling procedures and that they were able to support people whenever needed. A relative commented, “I feel they are very capable.”

We spoke with staff about how they made sure they communicated with people effectively. One member of staff said, “We know everyone really well, and we know what their needs are. The training is brilliant and we can put our learning into practice. We do have some people who live here who have challenging behaviour but we understand what causes this and we know how to talk to them and help them feel comforted.” Another member of staff commented, “The safeguarding and mental capacity training is really good, especially because we have people here with dementia.”

We noticed that staff were able to adapt their communication style to the individual needs of people. We found that this included using non-verbal communication and using visual prompts such as pictures to help people to understand things such as meal choices and what the planned activities were for the day. A local authority care manager told us, “It’s a mixture of their skills, knowledge base and their attitude. They look at it from a very human point of view. Their communication skills are excellent.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The management team were aware of the recent supreme court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The staff had made 20 DoLS applications to the local authority in respect of people who needed supervision and support at all times. This meant the management team understood and had applied the relevant requirements of this legislation to help safeguard people’s rights and best interests.

We looked at the care plans of eight people and found that where a person did not have the capacity to make their own decisions, a best interests meeting had taken place with appropriate mental health professionals. We found evidence that when a person had come to live in the home, they had been involved in giving consent to their care. We found that people were able to have an advocate or responsible family member involved in their care when needed and that this followed the accepted principles of the Mental Capacity Act (2005). We found that social workers had been actively involved in conducting capacity assessments of people and that staff had helped to make sure this was evidence based and in the best interests of the person. One member of staff said, “We always get

Is the service effective?

consent for personal care. Just because someone has dementia, it does not impact on their ability to take part in activities important to them or to be cared for in the way they want.”

Staff were aware of how to provide support for people with different levels of capacity, so that they could make their own decisions. One member of staff told us that the training they had received to understand people’s mental capacity was specialist enough to help them provide care to people with dementia. We spoke with staff about how they helped people to be able to make their own choices and decisions. One member of staff said, “Choice is a big part of care and helps to promote independence. Even with people with dementia, we can still give them a choice and make sure they are listened to.”

We noticed that staff spoke to people clearly and with patience and that people were always asked for permission before a member of staff helped them to move, to eat or to have a drink. We observed staff during a medicines round and noted that each person was spoken to as an individual and that their medicine was named and each person gave their consent before taking the medicine. This meant that people were involved in their care and that staff understood the importance of obtaining consent.

We spoke with people and their relatives about food and nutrition. One person said, “The food here is just like home cooking. The chefs go out of their way to give us food that we like.” A relative commented, “The food is very good. There is always a choice. They keep an eye on (our family member’s) weight and fluids. She finishes her meal every day.” Another relative said, “My relative had put a bit of weight on, the last time she was weighed. She loves her grub.” Another relative told us, “The food is lovely here. We have seen what they’re eating. The food is varied and generous. They are offered cups of tea and home-made biscuits. On her birthday, they had a little birthday party.”

We found that each member of staff received training in nutrition and the Malnutrition Universal Screening Tool (MUST). This meant that staff were able to identify potential risks that might arise from poor nutrition, such as unexpected weight loss. We found that the home had a ‘nutrition champion’ in place who worked with staff to improve their response to the management of weight loss.

We spent time speaking with a health professional who was a specialist in nutrition and diet and who worked closely

with staff and people at the service who told us, “The manager and staff have been really responsive to the new [nutrition and MUST] training. When new care staff come to work here, they are referred for immediate training. The cooks have an excellent understanding of nutrition needs and we’ve seen a 70%-80% decrease in the reliance on nutritional supplements, directly through the high standards of catering provided here.” The health professional also said, “Staff are well-trained in giving people appropriate diets, such as high-protein. Staff are very good at using MUST and at referring people to a specialist when there’s a problem. I have no concerns that anyone is malnourished here.”

We noticed from our observations that people responded very positively to catering staff and that they had an excellent rapport with each person. We found that homemade cakes and healthy snacks were available at all times between meals. We observed that catering staff proactively approached people during their sociable coffee time, offering a snack and chatting to people who wanted to talk. This showed us that people were supported to enjoy food and drink times by staff who were sufficiently trained and had time to spend with people.

We looked at the care plans and medical records of eight people. We found a consistent approach to involving appropriate medical professionals when needed. People’s care plans included multi-disciplinary records of consultations and evidence that staff followed the advice given to them about people’s care. We found evidence that staff were responsive in including medical professionals in people’s care when necessary by talking to staff and reviewing records. For example, we found that staff had sought the help of a behaviour specialist when they had noticed a person’s behaviour indicated that they might need extra care. The person’s medical record indicated that staff had been given advice on how best to support this person by gently manipulating the social environment. We spoke with a member of staff about this. We were told that staff had understood why such actions were needed and that they had felt supported by the manager in putting the recommendations into place, so that the person was cared for safely.

We spoke with the relatives of a person. We found that they were happy with the level of medical attention their family member had received since moving into the home and they said that they “trusted completely”, the staff to arrange

Is the service effective?

extra care whenever needed. Other relatives we spoke with were equally confident their family members' health needs were managed well. We spoke with a member of the community nursing team who regularly visited the service. They told us, "We work very closely with Harton Grange. We have no concerns from the past or present. They follow care plans. Their palliative care is very good. We work through any issues together." Another health professional commented, "I've been quite impressed from day one, it's very well managed. Staff are well trained and everyone is helpful. Residents look well cared for and happy. Poorly ones are cared for very well, for example chest infections. We have no problems with them. They're very good at reporting concerns and acting on our advice. Nutrition/fluids – no concerns. They keep people's feet elevated when necessary. They go the extra mile."

From our time spent around the building, it was clear that staff had a good understanding of the importance of person-centred care. We found evidence of this in the

attention to detail that had been given to the communal areas of the home. This included sensory walls that were used to stimulate exploration in people with dementia and rooms that had been specially decorated to stimulate feelings of reminiscence. We spent time with staff in these areas. A kitchen had been provided and stocked with equipment that reflected the childhood era of people who lived there. We found that staff had conducted risk assessments to ensure that people could use this space safely and that they had taken into account people's wishes and supported them to take part in baking and making ginger wine. One member of staff said, "The reminiscence rooms are fantastic tools to help people with mental stimulation and to feel a part of the home. We've seen amazingly positive changes in the people who have used these rooms and we're always here to be with them so they can use them safely." This demonstrated that staff had a high level of awareness of people's needs and used this to provide person-centred care.

Is the service caring?

Our findings

People told us they were well cared for. Relatives of people were also confident that the staff team cared for their family members well. One commented, “Staff spend time with people. Most of them are great. They’re all very polite. They talk to people all the time. If someone is distressed, they try and help.”

We spent time observing people and staff around the home. We saw that staff were aware of people’s moods and needs and that they were able to tailor their communication and approach to care around this. For instance, staff were able to spend time with people in meaningful tasks and conversations. We observed people in these spaces responding positively to them. We saw that staff were confident and able to give people company if they wanted it. This showed us that staff had proactively built caring and kind relationships with people based on their individual needs, likes and interests.

We noted that staff and people treated each other well and that a culture of respect existed. For instance, we spent time speaking to a person about their experiences of the service. During this time, various members of staff passed by and the person responded brightly and positively to each one. We noted that staff had a good understanding of people’s needs and that this was complemented by their knowledge of each person’s personality, likes and dislikes. We noticed that when a person wanted to go outside to smoke, staff gently suggested they put on their fleece jacket and hat as it was cold outside.

One person told us that staff often asked how they were feeling and if there was anything they needed. The person told us that they felt staff concern was genuine and not just a matter of procedure. One relative said, “Staff genuinely care. When [relative] moved in here, they were asked who they wanted to be involved in their care. Staff followed this really specifically and so we feel that they have really understood the importance of listening to us and [our relative].” A member of staff said, “Resident involvement is our primary concern – we’re person-driven here. Diversity is really important and everyone can have their say in how we do things. We’re well equipped to meet people’s needs, this includes providing Holy Communion and talking with people about end-of-life care.”

We looked at the daily records of eight people. We found that when people had taken part in an activity, this had been documented along with staff observations about whether the person had enjoyed this activity. We noted that staff had used this information to plan activities that people would like in the future. From reviewing documents, we also found that people were able to make requests and that these had been listened to. For example, a person who found decision-making stressful had requested that they be given less food choice at mealtimes. There was evidence that staff had discussed this request with the person and had enacted it. We found that this culture had helped to foster an environment in which people were supported to express their views and to be actively involved in making decisions about their care.

Staff spoke to people with respect and dignity and that a culture of equality existed because people were treated as individuals. Staff were able to ensure this by understanding people’s needs and providing care that matched their care plan as well as their wishes.

Staff knew people well and were able to support them in a way that supported their dignity. For example, we spent time with a person who enjoyed reminiscing with staff over the photographs of film stars that had been posted on the wall. Staff spoke to this person with respect and spent time discussing their favourite films.

We found that a number of private, safe spaces had been provided for people and that they could use this to reflect whenever they wanted to. We observed staff entering people’s private rooms only after knocking and waiting for a response. We noticed that a person who wanted to use the toilet was able to obtain immediate staff help and that this was provided by a member of staff who was kind, discreet and respectful. During our observations we noted that staff were able to treat people with dignity by speaking to them politely and by giving them time to process information and respond in their own time. This meant that staff demonstrated knowledge of how to treat people with dignity and respect.

We spoke with people and relatives about dignity and respect. One person told us that they had never felt unhappy with a member of staff and they felt that they were treated with a very high level of respect. A relative told us that they had been impressed with the quality of care provided by staff. We were told, “I feel very happy leaving

Is the service caring?

[my relative] here every night, and I sleep soundly knowing they're being treated so well and with so much kindness." A local authority care manager expressed the view, "I've yet to see another care home to this standard."

Is the service responsive?

Our findings

We found people received personalised care that was responsive to their needs. In particular, the service was very effective at meeting the needs of people with dementia type conditions. We found that the home had a number of areas designed for people to relax in and spend time reminiscing, such as an old-fashioned working kitchen and lounge and several areas that were decorated with old photographs of the local area. We spoke with staff about this. One member of staff said, “The reminiscence memorabilia is well-used and highly effective and stimulating. If you have a happy home, you have happy residents – that’s my job, if they’re happy then I’m happy.” A relative described some of the activities their family member had enjoyed, “In the summer, we sit out and the staff bring coffee out. It’s like a little party. Our relative has planted things in the garden in little pots. They had an Easter egg competition. A woman comes in and does activities and another asks them questions about the old times. A banjo club came. They do cooking’ I’ve seen it upstairs.” A visiting social worker told us, “The activities and stimulation is phenomenal in terms of what a care home can provide.”

We observed one gentleman looking at photographs of stage and screen stars on one wall, including John Wayne. He joked, “That was me when I was a young lad.” He queried the absence of a photograph of Bob Hope. By the following day, we noted the registered manager had obtained a photograph of Bob Hope to add to the wall.

Staff told us that they were able to build caring relationships with people by supporting them to take part in activities important to them. We spoke with another relative about this, who said, “Activities are varied, appropriate and supervised – people are encouraged to join in by caring and compassionate staff and the activities are actually meaningful.” A person said, “It’s such a lovely place to live. I helped with the Christmas decorations, it was so nice to be able to spend time helping without being rushed.” This meant that staff had built caring relationships based on respect, their knowledge of people and their concern for people’s safety and wellbeing.

Another relative felt the quality of care had been very positive for their family member. They told us, “The change

in my relative is unbelievable. They are doing crafts and she is going on trips. She was stuck in a rut. It is like she has gone to being fifty or sixty. The staff are amazing. They took her to Blyth and she met a friend.”

Staff modified the way they spoke to people to meet their communication needs. For instance, staff spoke clearly and calmly to people with dementia and were patient when waiting for a reply. Staff were able to modify communication when needed, such as to help people choose their lunch by using picture cards.

We looked at people’s care plans and compared this to the level of support people received in the home. We found that staff had a good awareness of the contents of care plans and that care was tailored to individual needs. For example, staff knew which people wanted to be reminded of the communal coffee times in the lounges and made an effort to find them and help them to take part.

We found that each person’s care plan had a section dedicated to their hopes and concerns for the future and that staff had spent time with people on a regular basis to make sure they understood these. We spent time with the relatives of a person who had recently moved into the home. They told us that staff had taken their family member’s aspirations very seriously and that they had felt that staff and managers had gone out of their way to build positive relationships with them.

We spent time speaking with staff, relatives and people about their care. We found that staff were able to provide person-centred care because they understood the individual needs of people. We noted that people interacted with staff in a friendly and relaxed manner and that they felt comfortable around them. One person told us that they enjoyed spending time with staff because they felt listened to and respected. We observed staff reminiscing with one person over old photographs. Staff were patient and had a good knowledge of the person’s family. This meant that the person was given personalised care during activities that were important to them.

We found that activity logs were kept up to date and reflected the diverse likes of people. Staff told us that people were involved in the scheduling of activities and the running of the home. One member of staff said that people had been actively involved in the decorating of the home ready for Christmas and that this had fostered a sociable

Is the service responsive?

atmosphere. Staff told us that people's beliefs were respected and that if people did not want to take part in Christmas activities, they were able to support them to take part in other activities that they would enjoy.

A local authority care manager told us, "The atmosphere is very welcoming. You feel very comfortable. The residents always looked relaxed, happy and talking. Harton Grange is very popular. Word of mouth gets round and people request to come here. They have some quite vulnerable people here. Two recently have made very good progress in their safety and their mood level. They've got a team here that really gel well which is hard to find in other places. What they have for people with dementia is lots of stimulation. For instance, they leave cloths hanging out of

drawers, (so people can tidy up). They have brought them on leaps and bounds, their stress and anxiety has gone. They have company. Staff are proactive and ensuring their needs are met and they are safe. They are very happy."

People and their relatives told us they had no concerns about their care. Their views included, "I've no complaints. If I have any, I would knock on (the registered manager's) door and speak to her. I'm really happy with {my relative} being here." Another relative said, "I've no complaints. If I did, I'm sure they would deal with it straightaway."

One complaint had been made in the past year. The manager had made a detailed response to this and took action to avoid the same issue arising again. From our discussions with people and their relatives, we concluded that people were encouraged to raise any concerns or issues and that these were dealt with well.

Is the service well-led?

Our findings

We found an open and inclusive atmosphere in the home. This had been ensured by staff who were well trained and who had a good understanding of each person they supported. We found that people were able to influence the decoration of the communal areas of the home and had been involved in the decoration of their own bedroom. This meant that people were able to live in an environment in which they were empowered to make their own choices. Three people told us without prompting that the provider encouraged staff to enable people to live independently, with staff support for safety. People were encouraged to participate in meetings where they had opportunities to give their views about the service. We noted that the minutes of the October meeting showed discussions about plans for Christmas and people's views about having a church service.

Staff told us that people were happy in the service because support was provided according to their needs and that people were involved in their own care plans. We spoke with relatives and a person about this. One person said, "I know what's in my care plan because staff went through it with me when I moved in recently. I trust them to keep it up to date but I know that I can take a look whenever I want." The relative of a person told us that they had been involved in their relative's care planning at an appropriate level and that they had confidence in the ability of staff to maintain this level of care. We also spoke with staff about the relationships between different levels of staff and managers. We were told in each case that staff felt supported at every level of the organisation and that they felt the culture was focused on providing people with the best possible level of support and care.

The service had an established registered manager. She was fully aware of her registration requirements, including the submission of notifications, where appropriate. Notifications are reports of changes, events or incidents, that the provider is legally obliged to send us.

We spoke with staff and a health professional about the involvement of and relationship with managers. In all cases we were told that relationships were positive and that people felt supported and safe. A member of staff told us, "Everyone here made me welcome when I started. It is homely and (the registered manager) does a lot for people

here." Another member of staff said, "The manager has an open door and you can go to her whenever you want. Nothing is ever too much trouble and she always, always takes the time to listen to you."

Staff also told us that management support helped them to provide a good standard of care because they felt rewarded for a good job. During our inspection, we observed that a care worker received an award for ten years of service. They were clearly delighted and touched by this. The worker told us they were very happy in their role and felt valued by the service. Staff told us their views were sought and welcomed through forums like staff meetings. We noted that the minutes of staff meetings showed that these were used as opportunities to promote good care. This meant that staff felt that the provider had a supportive management and leadership structure that helped them to provide effective care and support.

We spoke with relatives and people about the management culture. One relative commented, "The registered manager seems on top of it. She listens to the staff and they seem to respect her. I've never been hesitant in giving my opinion. I would just knock on {the registered manager's} door and she would listen any time of day." Another relative told us that the welcome they had received to the home from the registered manager had been "outstanding" and that they had noticed how well respected the registered manager was by care staff. A person said, "The managers are really nice. They're always around with the carers and everyone seems to get on really well." We noted from our observations around the home that staff teams were well organised and that staff had a clear understanding of their responsibilities. We also noted that staff and managers spoke to each other with respect and that people received care and attention very quickly when needed because staff were appropriately deployed.

The registered manager checked how people were being cared for. For instance, she carried out regular audits to ensure people were getting the care they needed to prevent the development of pressure ulcers. She had carried out analyses of any accidents or falls and people's nutritional status. This showed that action was taken where necessary. For instance, referrals were made promptly to dieticians if there were concerns about people's weight. A relative told us, "We see the managers out and about. It seems to be run fine." Another relative commented, "(The registered manager) is great. You only have to step in the

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home and it is always lovely. She is always on the ball and she watches the staff without being bossy. She has a good sense of humour. She keeps on top of her job." A local authority care manager told us, "The registered manager is lovely. She is fantastic as a manager. She has drive, enthusiasm and commitment. She is not a pushover; if

there is a problem, she is onto it straight away." Another local authority care manager commented, "It's a really well run home. Smashing manager and the deputy is equally as good."

The provider of the service also checked the quality of the care. The service was visited regularly by an area manager who carried out a thorough audit of people's care.