

Solutions (Yorkshire) Limited

Harewood Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Harewood Court Nursing Home provides nursing and personal care for a maximum of 40 older people, some of whom are living with dementia. At the time of our inspection there were 32 people living at the service.

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

Overall, the provider maintained appropriate staffing levels to ensure people's needs could be met safely. We have made a recommendation that the provider continues to monitor sufficiency of staffing. Robust recruitment procedures ensured suitable staff were employed. People were supported by staff who understood how to identify and report potential abuse. Medicines were managed so people received their medicines as prescribed. People told us they felt safe and risks to people's health and safety were managed well. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had the support they needed to maintain a balanced diet and good health. Staff received training and support to give them the knowledge and skills needed to care for people safely and effectively.

Staff promoted positive, caring relationships with the people who lived at the service. They knew how people preferred their care and support to be provided. Staff respected people's privacy and dignity and promoted independence, equality and diversity. People and their relatives were involved in the planning and delivery of their care.

People had access to a good range of activities and told us they enjoyed these. People's care plans were individualised and supported a person-centred approach. Staff said they read and followed these. People's wishes regarding their end of life care were established, so these could be addressed at the appropriate time. People and relatives were confident to raise issues and concerns. Complaints procedures were effective.

There was positive leadership in the service. People and their relatives spoke highly of the provider and registered manager. They were described as approachable. Audits and monitoring procedures were used effectively to manage the service and to make improvements where needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 6 December 2018) with one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no

longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Harewood Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of two inspectors, two specialist advisors who were supporting with medicines and governance and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Harewood Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this

information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and one relative. We observed care and support provided in communal areas; this included activities and the meal time experience for people. We spoke with seven members of staff. We also spoke with the registered manager.

We reviewed three people's care records, seven people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found, for example, training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we recommended the provider reviewed the deployment and organisation of staff to ensure there were always enough staff at the times they were needed. The provider had made some improvements.

- Overall there were sufficient staff to meet people's needs. Most people said there were enough staff and they did not have to wait long for support. One person said, "There are enough staff. I don't wait a long time when I ring; it's the same at night." However, another person said, "Sometimes when I ask for a cup of tea, they say they can't because they are short staffed."
- A dependency tool was used to provide a guide as to the number of staff needed on each shift. This was reviewed each month, or when there were changes in people's dependency. A full review of staffing sufficiency had also been carried out by the provider in November 2019. This had considered dependency, risks and the environment. The review concluded the need for increased observation in communal areas and the registered manager told us they were currently monitoring this.
- Staff provided mixed feedback about staffing levels. They said people's needs were met but they did say they were stretched at times.

We saw no evidence people's needs were not met. However, we recommend the provider continues to monitor sufficiency of staffing in line with people's assessed dependency and needs to ensure safe staffing levels are sustained.

- Staff were recruited safely, with all pre-employment checks completed before a new member of staff started work.

Using medicines safely

- People received their medicines safely. Overall, medicines were stored securely, and stock balance checks were completed to ensure medicine quantities were accurate. However, we saw one tin of thickening agent had not been stored safely. This was rectified at the time of the inspection.
- Medicines records were completed accurately. However, body maps to identify where creams were to be applied to people were not always in place. The registered manager addressed this during the inspection.
- Protocols were in place for medicines prescribed as and when needed, to ensure they were administered consistently and appropriately.
- Staff were trained to administer medicines and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training. They knew how to report any concerns and felt able to raise any issues with either the registered manager or provider.
- People told us they felt safe and well supported. They told us they felt comfortable to report any concerns that affected their safety. People were at ease with staff and interactions we observed were positive.
- All safeguarding procedures had been followed in line with the provider's safeguarding policy and referrals were appropriate.

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

- Risks to people's health and safety were assessed and managed. A range of risk assessments were in place which covered areas such as nutrition and moving and handling.
- Staff understood the people they were supporting, which gave us assurances risk assessments were followed. Staff could describe fire risks and procedures in the service.
- Regular checks were undertaken on the fire system. The fire service had undertaken a recent visit to the service and the provider was in the process of making a number of improvements in line with their recommendations.
- Incidents and accidents were recorded and reviewed by the registered manager. A summary of all accidents and incidents was used to identify any trends. The registered manager had recently identified the need to introduce individual falls logs. These had not yet been introduced.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- The environment was clean and there were no malodours. Regular audits on the cleanliness of the service were completed.
- Staff had access to, and wore, personal protective equipment when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Overall, the service was acting within the legal framework of the MCA. People's capacity to consent to various care related decisions was assessed and where people lacked capacity, best interest processes had been followed.
- We identified one person needed a clearer reasoning recorded as to why it was in their best interest to have bed rails. We raised this with the registered manager to ensure it was addressed.
- Appropriate DoLS applications had been made where the service suspected it was depriving people of their liberty. These were re-applied for in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service, to help ensure the service could meet their needs.
- A range of care plans were developed on admission, demonstrating people's needs were fully assessed. These were based on recognised tools and guidance, for example, in relation to pressure area care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to effectively carry out their role. They spoke positively about the training they received and were able to describe how they put this in to practice.
- People told us staff were competent to meet their needs. One person said, "Yes, they know what they are doing."

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

- People's nutritional and hydration needs were met, and clear guidance was in place to support people to maintain good nutrition and hydration.
- People said they enjoyed the food. However, most people were not aware of the alternative menu available and therefore did not think they had a choice each day.
- People's weights were monitored, and referrals made to appropriate health professionals where people were at risk of losing weight.
- People's food and fluid intake was recorded when needed.

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

- People's healthcare needs were assessed, and they were supported to stay healthy.
- People had access to a range of health professionals. This included. GPs, district nurses, dentists and tissue viability nurses.
- People's oral health needs were assessed, and plans were in place to assist staff. We saw people had oral care products in place.

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

- The environment was appropriate to meet people's needs. For example, there was some dementia friendly signage within the service to assist people to find their way around.
- There was a range of adaptations and equipment to meet peoples' needs. This included bathing equipment and walk in wet rooms.
- Some people's rooms were personalised to suit their individual preferences. Others were not. We discussed this with the registered manager who told us there were plans in place to assist people to have more personalised rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect by staff. People and relatives were complimentary about the staff team and the support they or their family member received. One person said, "I feel very lucky to have got a place here". Another person described staff as "very, very nice."
- Staff knew people's needs and their likes, dislikes and preferences. People were relaxed and comfortable in staff's company. It was clear they had developed positive relationships with staff. Staff took time to talk to people and comfort any distress they experienced.
- People's diverse needs were assessed on admission to ensure the service was aware of any specific needs. For example, this included ensuring staff that could speak with one person in their preferred language were on duty and ensuring cultural, appropriate diet was available for them.

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

- People were supported to express their views in several different ways. Some people and relatives were directly involved in planning their own or family members care. Some people had access to independent advocates.
- People's communication needs were assessed, and information provided about how they made their wishes known to staff. Staff were able to describe how they gave people day to day choices. Staff demonstrated good caring values and a desire to provide people with highly personalised care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. Staff knocked on people's doors, waited to be asked in and consulted with people about their care. People confirmed this was common practice.
- Staff explained how they maintained people's privacy and dignity when providing personal support. This included the need for reassurance, explanations and confidentiality. One member of staff said, "It is so important to explain what you are doing, give people time and be discreet. "
- Most people had their bedroom doors closed when they were in them. The registered manager said this was to respect people's choice regarding privacy and dignity. This had not been recorded in people's care plans. The registered manager agreed to ensure care plans were updated to reflect this.
- Care records demonstrated people's independence was promoted by the service. People also told us they were supported to remain as independent as possible. For example, one person said, "They help me to make my bed."

Is the service responsive?

Our findings

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

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

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

- People's care and support received reflected their individual needs and preferences.
- People's care needs were assessed, and a range of care plans were in place. These provided person centred details on the person, their history, likes, dislikes and needs.
- Staff told us people's care plans were easily accessible; and they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and relatives were confident staff understood how to communicate effectively with them or their family members.
- People's care records included guidance for staff on how to meet their individual communication needs.
- We identified one person was not wearing their glasses in line with their plan of care and staff were unable to locate these when we enquired about them. We raised this with the registered manager to ensure it was investigated.

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

- There was a variety of activity for people. The registered manager had plans in place to develop this further. We saw people enjoyed activities provided on the day of our visit. The activities facilitators worked hard to involve and engage people.
- People's social needs were assessed and person-centred information in care records showed how staff should keep people stimulated and occupied.
- People spoke positively about the support they received with activities. One person said, "I enjoy the activities. I like music. I'm going to the pub this afternoon."

Improving care quality in response to complaints or concerns

- An effective complaints procedure was in place and followed by the registered manager, provider and staff.
- People and their relatives knew how to raise concerns and complaints and told us they felt comfortable doing so.
- Actions had been taken in response to upheld complaints. For example, repairs to environmental issues raised.

End of life care and support

- No one was receiving end of life care at the time of our visit. However, the service worked with people to obtain their future wishes. These were included in plans of care to assist with the provision of end of life care when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have a fully effective system to monitor and improve the quality and safety of the service delivered to people and some medication records were not accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved the effectiveness of their quality assurance systems and processes. There was a programme of monthly audits and checks focused on aspects of the service, including fire safety, care planning, management of medicines, and cleanliness.
- Quality assurance procedures had resulted in improvements in the quality and safety of people's care. For example, health and safety and cleanliness issues identified had been addressed promptly.
- The provider and external auditors carried out spot checks to ensure staff were working as expected. Actions were taken when standards had not been maintained as expected.
- Effective procedures were in place to communicate information about important issues in the service, such as changes in people's needs.
- The registered manager sent us notifications in relation to significant events that had occurred in the service.

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

- The registered manager was approachable and sensitive to people's needs. They were committed to providing good quality care to people and promoted a person-centred culture.
- People gave positive feedback about the management of the service. One person said, "I know who the manager is. They are very nice." A relative told us they found both the registered manager and provider easy to approach and talk with.
- Staff spoke about their work with enthusiasm. They said they had confidence in and felt well-supported by the registered manager and provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider and registered manager recognised the legal requirement upon them to inform people and relevant others in the event people were harmed because of the care and support provided.
- Relatives were routinely informed and kept updated, if appropriate. One relative told us how they had been notified about a fall their family member had.

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

- The provider and registered manager sought feedback to help maintain and improve standards at the service. Several surveys had been undertaken. These included surveys from health and social care professionals who visited the service. These gave positive feedback on the attitude and behaviours of staff.
- A staff well-being survey, a nursing home survey and a relative's survey had also been carried out. The surveys identified no complaints and praised all the staff. This was formally fed back to staff in staff meetings.
- Staff enjoyed working at the service and would recommend it to others. One member of staff said, "I feel [name of registered manager] is there for us and listens to any concerns we bring up."

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, community nurses, GPs, hospital and hospice staff, to help to provide coordinated care to people. The registered manager was also a member of the local registered manager's network.