

Harrowby Lodge Nursing Home Limited

# Harrowby Lodge Nursing Home

## Inspection report

4 Harrowby Lane  
Grantham  
Lincolnshire  
NG31 9HX

Tel: 01476568505

Date of inspection visit:  
25 May 2021

Date of publication:  
27 July 2021

## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harrowby Lodge Nursing Home is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

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

Quality monitoring of the service was not robust. Audits did not always identify shortfalls in the service. The registered manager and provider were open, transparent and responsive to shortfalls we identified and took prompt action to bring about the required improvements.

People received personalised care and their needs and risks were assessed and monitored. Care plans were person centred with people and their relative's views at the centre of them. There were several meaningful activities available to people and the service had good links with the local community.

There were enough experienced and qualified staff to safely meet people's needs. Staff knew people well and were kind and considerate when delivering care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff thought the service was well managed. They felt supported and able to raise any concerns which were taken seriously. Several compliments were on display which referred to the quality of care people received.

Medicines were administered safely, and accidents and incidents reported where required.

Infection prevention and control procedures ensured as much as practicably possible people were protected from the risk of infectious diseases.

The service worked in partnership with health professionals.

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

### Rating at last inspection

The last rating for this service was Good last (01 November 2019).

### Why we inspected

The inspection was prompted in part due to concerns we received in relation to safe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harrowby Lodge Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Harrowby Lodge Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by one inspector, a specialist nurse advisor and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. 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

Harrowby Lodge 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 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

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and 13 relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nurses, senior care workers, care workers, administrator and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when

- Risks to people's health were monitored and reviewed in a timely way. For example, one person who had frequent falls had their risk assessment updated following each fall. Preventative measures were put in place including, more frequent checks, installation of a sensor mat and a review of their footwear to reduce the risk of further falls.
- Personalised care plans were in place. People and relatives were consulted on how they wished for their care to be delivered including nail care, frequency and preference to bathing or showering, and their spiritual needs.
- End of life care plans in place detailed preferences of who people wished to be present and how they would like their room to be arranged; lighting, curtains and music. One relative told us, "They did everything they could [End of life care] it couldn't have been more dignified."
- Staff told us they read people's care plans and risk assessments and had a good understanding of their care needs, and how they supported them. A relative told us, "They [Staff] know [Name] likes a sleep in the afternoon in their room and they make sure they do."
- The environment was safe. Where people required equipment to monitor them safely, we found it to continually be in use and maintained according to manufacturer's guidelines.

Using medicines safely

- Medicine administration records (MAR) were in place, and people received their medicines as prescribed. People's diabetes medicine was managed safely and 'Rescue Plans' were together with MAR's directing staff what to do in the event of any hyper or hypoglycaemic event.
- When people were prescribed medicines 'as and when required' (PRN), six people did not have protocols in place. Protocols should be in place for any person who is prescribed PRN medication to accurately record the rationale and effect of the medicine. The registered manager immediately implemented missing protocols.
- Most medicines were stored safely and all at the correct temperature. However, people had unrestricted access to a stock of food thickeners that could pose a risk to their health. The registered manager immediately moved these to a secure area.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Records showed safeguarding concerns were reported to the local authority and CQC.
- All of the people and relatives we spoke with told us the service was safe. One person told us, "You don't need to worry about me. I'm really looked after here." A relative said, "Absolutely. [Name] is safe. The quality

of care is excellent."

- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff said they were confident if they raised a concern they would be listened to.

#### Staffing and recruitment

- Enough qualified and experienced staff were deployed to meet people's needs in a timely way. During the inspection people were supported promptly.
- People and their relatives raised no concerns over staffing levels. One person told us, "My buzzer is answered quickly when I press it for help." A relative said, "In my opinion there is enough of them [Staff] to provide the care [Name] needs."
- All of the staff we spoke with told us there were enough of them to meet people's needs. A nurse told us, "There are enough staff on shift, the level is adjusted according to people's needs and they don't use agency staff here." Rotas confirmed the level of staff deployed was consistent.
- Staff were recruited safely. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. Nurses in the service were all appropriately registered and there were no restrictions on their practice recorded by the Nursing and Midwifery Council (NMC).

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership sometimes inconsistent.

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

- The provider had policies and procedures in place however, their falls policy was not always followed, and the medication policy was not robust.
- Audits were not routinely undertaken which meant opportunities to identify shortfalls were missed.
- The provider and registered manager accepted our findings and committed to making the necessary improvements. Following the inspection, they sent us documentation to confirm the necessary improvements were made.
- All legally required notifications were submitted to CQC as required. CQC's rating of performance was displayed at the location and on the providers website.

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

- There was a positive culture in the service and care delivery was person centred. There was a warm and welcoming atmosphere, and we observed kind and caring interactions between staff and people. For example, we observed one staff member supporting a person with their meal. The meal was described, the temperature checked, and people were asked whether they liked what was being offered.
- People and relatives praised the manager and staff. One relative told us, "They [Staff and managers] are so caring and loving. It's as if they're dealing with their own parents."
- People were supported to maintain contact with their relatives during the COVID-19 pandemic. Relatives were provided with opportunity to visit their family members where government guidance allowed. One relative told us, "Now I can go in their room. I must have a test [Lateral Flow Test (LFT)] and I must show them the result before I go in. Then we're given full PPE."
- People had access to a secure and level courtyard. For people who could not access this area the provider described how they tried to 'bring the outside in' using bird and wildlife feeders placed outside bedroom windows.

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

- People and relatives told us they were involved with about the care and support they received. One person told us, "I can have a bath or shower when I want to. The girls did my hair for me and put the rollers in because the hairdresser couldn't come because of what's going on [COVID-19 pandemic]. That was important to me." A relative said, "We are asked what we think in the care plan meetings."

- Staff were complimentary of the management team. One said, "The registered manager is visible, approachable, very hands on with the people and communicates well'. They described them as 'knowing people inside out and how people and staff are very fond of them'.
- There was a sense of community in the service. There was a range of activities for people with different interests. People told us they supported new people into the service and helped them integrate into the service encouraging them to take part in the range of activities available. The registered manager told us, "Our longer-term residents take a keen interest in new people and they care for each other spontaneously."
- The service had developed links with the local community. Local schools had previously been invited into the service, and whilst this had stopped due to the COVID-19 pandemic, those links were maintained and plans in place to recommence them when government guidance allowed.

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 registered manager understood their responsibilities to be open and honest with people when things went wrong.
- A complaints policy was in place and openly displayed throughout the service. A significant number of compliments about the quality of the service had been made. One person shared their view on how the service had managed the COVID-19 outbreak. They commented, 'I [Named relative] would like to applaud you and your staff's sterling efforts. You go above and beyond the call of duty, especially so during coronavirus [COVID-19]'.

Working in partnership with others

- The service had good working relationships with professionals such as, community nurses and GPs to improve people's outcomes and ensure they received holistic care. One relative told us, "They [Staff] have involved the district nurse when needed."
- The registered manager had developed a good working relationship with the local authority. They participated in the 'weekly care association meeting' they held. This meant important information such as IPC support and guidance offered could be implemented at the service where relevant.