

Uniquehelp Limited

Harbledown Lodge

Inspection report

Upper Harbledown
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harbledown Lodge is a residential care home providing personal and nursing care to up to 56 people. The service provides support to older people who may be living with dementia in a large, adapted building. At the time of our inspection there were 40 people using the service.

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

People told us they felt safe living at the service. However, potential risks to people's health and safety had not always been assessed. There was guidance for staff to mitigate risks, but this was not always consistent. Staff had not maintained accurate records about people's care and support. There was a risk people had not received the care required to maintain their safety.

Medicines had not always been managed safely. People had not always been protected from the risk of infection; some areas of the service had not been maintained to reduce this risk. Checks and audits had been completed on the quality of the service, but these had not identified the shortfalls found at this inspection.

Staff were recruited safely and there were enough staff to support people and meet their needs. People and staff had been asked their opinion of the service and suggestions they may have. There were effective systems in place to protect people from abuse and discrimination.

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.

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

Rating at last inspection

The last rating for this service was good (published 2 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harbledown Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to record keeping and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harbledown Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by an inspector.

Service and service type

Harbledown Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harbledown Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 2 relatives about their experience of living at the service. We observed staff interactions with people in the communal areas. We spoke with 6 members of staff including the registered managers, the nominated individual, deputy manager, and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care plans and all the medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed. However, guidance for staff was not always detailed and clear how staff should support people. When people had been assessed as being at risk of skin damage, some care plans did not state how often people should have their position changed. Records showed people had not had their position changed regularly and a person had developed a sore on their heel. The nurse had monitored the wound and had prescribed 'booties' to help relieve pressure and daily monitoring of the area. This had not been recorded in the care plan for staff and the monitoring had not been recorded.
- Some people's care plans contained inconsistent guidance which was not always up to date. This placed people at risk of receiving inappropriate care. For example, a person's care plan stated the person was at high risk of falls from their chair and should be always observed while in the chair. There was no guidance about how this should be done. The registered manager told us the person would sit in an armchair in the communal lounge so staff could observe them easily.
- Environmental risks to people had not always been assessed. For example, a person spent a lot of their time walking around the ground floor of the service past the kitchen. The door to the kitchen was open and there was no system to prevent people from entering. The registered manager told us there was always someone in the kitchen and the person had not tried to enter the kitchen. However, the kitchen was a large area, and the cook could not always observe the cooker, placing people at risk. Following the inspection, a gate was placed in the doorway to reduce the risk of people from entering the kitchen unobserved.
- Health and safety risks had not been assessed or mitigated. For example, people had access to communal bathrooms where equipment was stored and disused pipework was not covered in a bathroom being renovated. This placed people at increased risk and injury if they fell. Following the inspection, the provider told us the renovation work has progressed and the bathroom has been taken out of use until completed.
- A fire risk assessment had identified areas requiring remedial work which had not been identified before. The fire risk assessment had identified staff fire training had not included how to evacuate people horizontally, the provider had booked staff training in evacuation which staff were completing at the time of the inspection. .

The registered persons had failed to do all that is reasonably practicable to mitigate risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks had been completed on equipment to make sure people were as safe as possible, the required maintenance had been completed on equipment such as hoists.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. When people had bedrails in place, they had padded bumpers, some of these were dirty and the plastic coating had split which limited cleaning.
- Areas of the building in need of repair including areas in people's rooms. Some en-suite facilities were in poor repair. A person's bathroom had cracked tiles, grout missing, a dirty toilet brush and a broken soap dispenser.

The registered persons had failed to assess the risk of the spread of infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Medicine trolleys were kept locked to the wall in the corridor on the ground floor, the temperature inside the trolleys had not been recorded. There was a risk medicines were not being stored at the correct temperature which may have made them ineffective. During the inspection, charts were put in place for staff to record the temperature of the trolley.
- The records of the number of tablets available were not always accurate. Medicines which were not stored in the medicine trolley had not been carried forward and recorded on the medicine administration record (MAR). Without accurate numbers it is difficult to audit and check people had received their medicines as prescribed and when to order more medicines.
- When people had been prescribed medicines on a 'when required' basis, such as pain and constipation relief, the protocols did not always contain detailed information to make sure people received the medicine when needed.
- Some people were prescribed 2 different medicines for pain relief which both contained paracetamol. The guidance for each medicine did not mention the person was prescribed the other medicine and had not included when these medicines should be given. We reviewed the medicines charts, staff had given the medicines safely and each medicine had been given at specific times.

The registered persons had failed to manage medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents had been recorded, they had been analysed to identify patterns and trends, these had been recorded on a matrix. When it had been identified people were at continued risk of falls, action had been taken to reduce the risk of them happening again. People's rooms had been cleared, crash mats and floor sensors had been put in place. Records showed these actions had reduced the number of falls.

Staffing and recruitment

- Staff had been recruited safely and there were enough staff to safely support people. Staff had been asked to complete an application form and supply a full employment history. References had been requested from previous employers to check staff conduct in previous employment. Disclosure and Barring Service (DBS) had been completed, these checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us, they thought there were enough staff and available when they needed them. Staff told us there was sufficient staff and any gaps were usually covered by permanent staff. When gaps could not be covered regular agency staff were used. During the lunch time meal there were enough staff to support people with their meals when needed, people were not hurried and were supported to take as much time as they needed.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to keep people safe from abuse and discrimination. People told us they felt safe living at the service.
- Staff received training and were able to describe the signs they would look for if people were being abused. Staff knew how to report concerns and were confident the registered managers would take appropriate action.
- The registered managers understood their responsibility to report concerns to the local safeguarding authority and to take appropriate action. The registered managers worked with the local safeguarding authority to keep people as safe as possible.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff supported people to make day to day decisions such as how they wanted to spend their time, what they wanted to eat and clothes they wanted to wear. People told us, staff listened to them and respected the decisions they made. When they were issues or concerns people told us, these were discussed with to reach a decision or compromise.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was a system in place to check and monitor the quality of the service, but these had not always been effective and not used to improve the quality of care provided. The registered managers had completed regular audits including care plans and medicines. These audits had not identified the shortfalls found at this inspection. The audits had not identified the inconsistent guidance in care plans, management of potential risks to people and shortfalls in medicine management. There were action plans available when other shortfalls had been found but there were no dates for when the shortfalls had been identified only that they had to be completed by December 2022. The actions had not all been completed.
- The nominated individual visited the service regularly, they discussed any issues and concerns with the registered managers. The nominated individual completed spot checks on the quality of the records and checked audits which had been completed by the registered managers but had not identified there were shortfalls at the service.

The registered persons had failed to assess, monitor and improve the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 managers did not always respond to concerns in a transparent manner. The wording of written responses from the registered managers to complainants did not always promote transparency and could be defensive. We discussed this with the nominated individual who stated they would check written responses to complaints before they were sent, to reduce the risk of this happening again.
- Relatives told us they saw the registered managers regularly and they had been kept informed when their loved one's condition changed. People told us they knew who the registered managers was and saw them on a regular basis. The registered managers knew people well and people were relaxed in their company.
- People and relatives told us they were confident to raise issues with the registered managers and they would take appropriate action to deal with the issue. Relatives told us the registered managers had been approachable and open during conversations.

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

- People and staff were engaged by the registered managers and had been asked to complete quality assurance surveys about the service. The surveys had been analysed and were mainly positive. An action plan had been put in place to respond to any concerns. New hot trolleys had been purchased to make sure people received their meals hot on the upper floors of the service, as this had been raised as an issue.
- There had been regular meetings for people, staff, and relatives. People were asked their opinion on the care they received, food and what activities they would like such as a BBQ. People were reassured an activities co-ordinator was being recruited but this was taking a long time and staff would be supporting them to take part in activities.
- Staff had completed regular surveys the most recent in February 2023, the responses appeared to be mainly positive, the registered managers had not yet had the opportunity to analyse the results at the time of the inspection.

Working in partnership with others

- The service worked in partnership with others. Records showed involvement from other agencies and health professionals to make sure people received the support and services they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had failed to all that is reasonably practicable to mitigate risks. The registered persons had failed to assess the risk of the spread of infection. The registered persons had failed to manage medicines safely.</p> <p>Regulation 12(2)(b)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to assess, monitor and improve the quality of the service.</p> <p>Regulation 17(2)(a)</p>