

Tamaris Healthcare (England) Limited

Harrogate Lodge Care Home

Inspection report

25 Harrogate Road
Chapel Allerton
Leeds
West Yorkshire
LS7 3PD

Tel: 01132392173
Website: www.fshc.co.uk

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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

This was an announced inspection carried out on 22 August and 5 October 2017.

We last inspected Harrogate Lodge in December 2016 when the home was rated 'Requires Improvement' overall. The key question 'Safe' was rated Inadequate. We identified two breaches of regulations. We found that medicines administration was not always safe. Medicines were signed for without checks being made to ensure they were taken. Medicines were left with people and stocks of medicines did not always match records. We also found some fire doors were propped open, meaning people were not adequately protected against the risks of fire. People were not fully protected from the risks of unsafe care or treatment because accurate records were not maintained. As a result, we issued two warning notices for regulation 12 (Safe care and treatment) and regulation 17 (Good governance) to the provider telling them they must improve.

Following our December 2016 inspection, the provider sent us an action plan detailing the changes and improvements they intended to make to improve the quality of service provided to people living at the home. We took this into account when planning this inspection to ensure these actions had been completed. At this inspection, we found the provider had made all the required improvements and addressed all our concerns that had been highlighted last time we visited the home.

Harrogate Lodge Care Home is a care home with nursing and is registered to provide accommodation for up to 50 persons who require nursing or personal care. It is situated in the Chapel Allerton area of Leeds, close to local amenities.

There was a manager in post when we inspected. They had been in post since June 2017, and had applied for registration with the Care Quality Commission (CQC). 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 using the service told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

Staff and people we spoke with said staffing levels were sufficient to meet their requirements. We also looked at recruitment processes and found that staff had been recruited safely. All staff received an induction when they started working at the home. Staff received regular supervision and appraisal. Staff also received all the necessary training relevant to their roles.

There was a range of quality audits in place completed by both the manager and provider. These were up to date and completed on a daily, weekly and monthly basis. All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the home and enjoyed their jobs.

All of the people we spoke with during the inspection made positive comments about the care and support provided. People told us they felt staff treated them with dignity and respect and promoted their independence where possible. People felt the home was responsive to their needs. Each person had their own care plan, which was person centred and included their choices and personal preferences.

People were offered a variety of meal options, such as three choices at lunch. They told us they enjoyed their meals and had ample portions. Risk assessments were completed regularly to monitor people against the risks of malnutrition.

The manager ensured staff had training about the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place to support decisions made by people. The registered manager and staff ensured good standards in obtaining and recording people's consent to their care.

We observed positive engagement in activities however, space was limited on the first floor and could potentially limit people's participation. We recommend that the service consider the space available to people using the service for the purpose of participating in activities.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

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.

The management of procedures relating to medication had improved.

People using the service told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Recruitment practices were robust.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received relevant training, supervision and appraisal to support them in their role.

Staff were aware of how to seek consent from people before providing care or support.

People using the service told us they received enough to eat and drink.

Good 

Is the service caring?

The service was caring.

Staff spoken to had a good understanding of how to maintain people's dignity and respected people's rights.

We observed positive interactions between staff and people using the service.

People told us they received a good standard of care and that staff were kind.

Good 

Is the service responsive?

The service was responsive.

Each person had a care plan in place with information about

Good 

their likes, dislikes and preferences.

There were systems in place to seek feedback from people using the service.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

The service was well-led.

Improvements had been made to ensure there was good governance and leadership within the service.

Staff told us they enjoyed working at the home and that there was good management.

Staff said there were opportunities to discuss their work at team meetings.

Good ●

Harrogate Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August and 5 October 2017. Both days of inspection were unannounced.

The inspection team consisted of one adult social care inspector, a medicines inspector and a specialist nurse advisor.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioning team.

At the time of the inspection, there were 49 people using the service. During the inspection we spoke with four people using the service and the relatives of three people. We also spoke with the home manager, two nurses, three care staff, the maintenance person, an activities coordinator and a visiting health professional.

We reviewed six people's care records and five staff files including recruitment, supervision and training information. We reviewed records relating to the management of the service. We looked around the building and spent time in the communal areas.

Is the service safe?

Our findings

At our previous inspection, the safe key question had been rated as 'Inadequate'. This was because we had identified a number of concerns relating to the management of medicines within the home. We served two warning notices, one for regulation 12, Safe care and treatment. The provider sent us an action plan telling us about the improvements they intended to make to medication systems. At this inspection we looked at 14 medicines administration records (MARs) and spoke with two nurses responsible for medicines and the manager. We found improvements had been made.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs with access to them restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Room temperatures where medicines were stored were recorded daily. However, we found records had not been completed on the ground floor unit on seven days in July 2017 and eight days in August 2017. On the first floor unit no records had been completed for 11 days in July 2017 and eight days in August 2017. We checked medicines which required cold storage and found gaps in records for the fridge on the ground floor unit. Temperatures had not been recorded on three days in July 2017 and seven days in August 2017. No action had been taken by staff. We found temperatures had been recorded outside of the recommended range on the ground floor unit on seventeen days in July 2017. This meant that we could not be sure that medicines stored in the fridge were safe to use.

Medication administration records now contained photographs of people to reduce the risk of medicines being given to the wrong person. All records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. We saw that administration records had been fully completed and improved to show the treatment people had received.

At our previous inspection, we identified discrepancies with the recording of stock balances of medicines. We found this was still the case on this inspection. We checked the quantities of medicines supplied outside of the monitored dosage system for ten people and found the stock balances to be incorrect for four of them. This meant that we could not be sure people had received their medicines as prescribed.

We saw the use of patch charts for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs were also in use, these detailed where creams should be applied and provided clear records of administration.

Improvements to medicines audits (checks) had been introduced since our last inspection. These included external audits carried out by the supplying pharmacy contractor. Issues identified had been acted upon and improvements made. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

People using the service said they felt safe as a result of the care and support they received. One person told us, "I feel safe here. I feel settled and if I did not feel safe I would be able to say so." Another person said; "I have always felt safe because the staff are always around and nothing feels unsafe." A third person added, "I feel safe here, I don't have worries or complaints. The staff here do a good job and I know I'm in safe hands."

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who used the service on how they could both report and escalate concerns. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One staff member told us, "I would definitely report anything concerning, bad practice would not be tolerated here. I would either speak to the manager or go to CQC if needed. Signs of abuse could be marks, bruising or people being scared and emotional." Another staff member said, "Safeguarding relates to people being abused. People being withdrawn or upset would make me concerned. I would go straight to the manager." This showed that staff were aware of how to raise concerns about abuse and recognised their personal responsibilities for safeguarding people using the service.

We looked around the home to ensure it was being appropriately maintained and reviewed records of maintenance work and safety checks which had been completed. At the last inspection we saw that some of the fire doors were propped open. On this inspection we saw this was no longer being done. Also, the manager conducted twice daily 'walkabouts' around the premises to check that any hazards which may compromise safety were identified and acted upon immediately. We also reviewed relevant certificates of work completed with regards to gas safety, electrical installation, portable appliance testing, legionella and fire safety. These were up to date and the maintenance person also maintained a matrix of when any future safety checks were scheduled. These measures would help to ensure the building was safe for people using the service.

We checked to see if there were sufficient numbers of staff employed at the home and viewed the staffing rotas. The manager showed us the four week rolling rota which demonstrated that staff numbers were maintained, and the use of bank and agency staff had greatly reduced in recent months. The rotas also showed that extra staff were often on duty which allowed them to complete training. We saw that there were three qualified nurses on duty during the day and two at night. They were assisted by eight care staff during the day and four at night. A full time activity coordinator was in post and the home also had a full time maintenance person. All of the people we spoke with told us there were enough staff available to them when they required support. One staff member said, "Recruitment of staff is on-going at the minute although I think we still have enough staff to care for people and care is not compromised. We are busy but you have to be organised." Another staff said, "I find staffing okay, I think more staff would be useful but not entirely necessary."

We looked at how the home managed risk. We saw each care plan we looked at contained risk assessments for areas such as fire safety, choking, falls, moving and handling and skin integrity. We found clear guidance was in place for staff on how to manage identified risks. PEEP's (Personal Emergency Evacuation Plans) were completed which provided details of people's support needs if they needed to leave the building during an emergency. Environmental risk assessments were also completed, taking into account areas such as electrical hazards, slips and falls, use of equipment and uneven ground. Accidents and incidents were also recorded along with any actions that had been taken such as if emergency services had been involved. This meant staff had access to relevant information about any risks presented to people and how to mitigate them as required.

We checked to see that staff were recruited safely. We looked at five staff personnel files and found there was

evidence of robust recruitment procedures. The files included application forms, proof of identity and references. There were also Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks demonstrated that staff had been recruited safely.

Is the service effective?

Our findings

People using the service told us they felt staff had the required skills to provide effective care to them. One person told us, "The staff understand my needs. They know what support I need when moving around and also with washing and dressing." Another person told us, "Staff know me well and how I like to be helped. I can get on with most things and I know they are there when I need them."

The staff we spoke with told us they completed the induction when they first started working at the home. They said this included all of the training which was considered mandatory. The induction also provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and fire safety arrangements. We saw induction packs which were also completed by any member of staff from an agency before they started work at the home. This demonstrated that new staff members were supported in their role.

We reviewed records of staff training which were held by the manager in the form of a matrix. This showed all of the training staff had attended, were due to attend and logged reminders sent for when refresher training was required. This demonstrated staff received a range of training to support them in their roles. This included food safety and hygiene, first aid, equality and diversity, movement and handling, communication skills and the principles of dementia care. When we discussed the availability of training with staff, they confirmed the provider supported them with a range of courses. One staff member told us, "Training is brilliant. I think we seem to always be on one course or another, but there is always something new to learn. More face to face training is available now with the new manager. I have found this helpful."

We found evidence of staff receiving three monthly supervisions. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Supervision also included feedback from colleagues and people who used the service. This was a good system to monitor and support staff to provide effective care.

The provider had introduced the Dementia care framework in September 2017 at the home. The manager told us the Dementia care framework was based on recognised standards, including NICE guidelines and Alzheimer's Society best practice guidance, and would be applied to each individual's experience of care. The manager also told us that training had already been provided to staff at the home and it had a positive impact. Staff who had attended the training told us it had given them a wider understanding of how life is for a person living with dementia than training they had attended previously. We saw the environment of the first floor required redecoration and that this had already commenced. The manager showed us areas of interest which had been created on the first floor where people living with Dementia were cared for. During the inspection, we saw people were taking an interest in items of memorabilia and sang along to a music CD. Staff also participated which we saw encouraged people using the service to join in.

People's preferences and special diets, such as blended meals and any allergies, were taken into consideration. Staff completed food and fluid charts and regularly weighed each individual to monitor their health. One person using the service told us, "The food here is great. I have put a bit of weight on since

coming here, which is great." People were offered a variety of meal options. In addition, staff told us if someone did not want what was available they would provide another alternative. This meant people were protected from the risks of inadequate nutrition and dehydration.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection we were told four people using the service were currently subject to DoLS (Deprivation of Liberty Safeguards). The manager showed us they had submitted a further 16 applications to the local authority. This was because on the first floor of the home, the doors were secured using a key-pad entry system designed to keep people safe. This meant people were not free to leave the home when they wanted. Care records showed people's capacity was kept under review, with relevant assessments held within people's care plans. We saw that where appropriate, people had given written consent with regards to staff taking responsibility for their medication and personal finances. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One staff member said, "We would always act in a person's best interests wherever possible. DoLS could be required to protect a person if they lacked capacity to make their own decisions." This showed that staff were aware of their responsibilities under this legislation.

We found the manager and staff had developed close working relationships with other healthcare professionals to maintain people's continuity of care. These included the person's GP, speech and language therapists, community and hospital specialists, dieticians, pharmacy and social workers. A staff member told us, "Any changes I report to the manager and I'll contact the GP or whoever else is relevant." We saw a clear process of health professional's involvement, the outcome of appointments and the review and update of the specific care plan area. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

The people using the service told us they were happy with the care and support they received. Each person told us they found staff to be kind and caring. One person told us, "It is definitely a good place to be if you have to be in a home. I would say they do their best for us." Another person said, "The staff are good. There are male and female staff which allows you to have a choice in who supports you, for me that's important." A third person added, "The staff are caring and kind. I've got to know them quite well and I'm very grateful for all of their help."

During the inspection we observed warm and friendly interactions between staff and people using the service. The majority of staff had worked at the home for a number of years and knew people well including information about their background, behaviours and preferences. When one person became distressed we observed the nurse offer support in a very caring and gentle manner. The person responded to this immediately and was able to become much calmer.

All the people we spoke with told us they could have visitors whenever they wished. Our observations confirmed this as there were a number of visiting friends and relatives on the day of our inspection. We received positive feedback from all of the relatives we spoke with. Comments included, "I have no complaints. The staff are brilliant and not just with my relative, with all the residents. I come every day and not always at the same time. My relative has been here for three years and is very well looked after I feel that they are safe here. They tell me if ever there is a problem."

Another relative told us, "My relative has been here for five years and I come every day. I take them out for a drive and a cuppa. When I leave here, I don't worry about them at all. I've not been in good health lately and the staffs are so kind to me and encourage me to take some time off and look after myself. It was a family decision that my relative came here. They are happy and safe, the unit manager is good. We have relatives meetings so we can say things and they will sort it out and I get to know what's going on. The food is good and the staff are brilliant."

A third relative told us, "The charge nurse is good at sorting things out. The food is ok. They take care of my relative. I have found other peoples' clothes in their room, which annoys me, but I have told them. I feel my relative is safe here. My relative has their own special chair and staff will help if my relative needs anything. I am happy with the care here and the staffs are good."

People told us staff treated them with dignity and respect and we observed people were treated with kindness during the inspection. We observed staff knocking on doors before entering people's bedrooms and providing care and support discreetly. The staff we spoke with told us how important it was to them to treat people using the service in this way. One staff member told us, "If I am helping someone with a shower then I will always check it was okay with them first and seek their consent rather than presuming things". Another staff member told us, "I always respect people's choices and make sure doors are closed and that nobody else is around when delivering personal care."

Is the service responsive?

Our findings

Each person using the service had their own personal care plan. These contained detailed information about the support people required and how staff needed to assist them. People had care plans in place with regards to support required, physical health, medication, mental health, finances, likes and dislikes and social interests. The care plans were reviewed on a monthly basis, or as and when there were changes to people's needs. The care plans we looked at contained person centred information about people's life history. This included details about their reasons for using the service at Harrogate Lodge, family relationships, any previous employment and things people enjoyed talking about. There was additional information about any likes, dislikes and hobbies. People's preferences in relation to food and drink had also been captured so that staff knew what people wanted.

We found accurate records were maintained with regards to people using the service. For example, we saw up to date records were held in relation to when people had received a bath/shower, when bedrooms had been cleaned and their clothes washed. Daily records of people's care and support and their participation in activities were also held within care plans.

The provider had systems in place to seek and respond to feedback from people using the service. We looked at the meeting minutes from the last residents meeting which took place. At this meeting, topics of discussion included future improvements to the premises including redecoration, food, if people were happy with how things were run and feedback encouraged. This demonstrated people were being given the opportunity to contribute towards how the home was being run and to raise any concerns they might have.

The home had also sought feedback from people in other ways. For example, in the reception area of the home we saw a 'touch screen' device which allowed all visitors to provide any feedback relating to their experience of the home. These were collated on a monthly basis and where issues were raised we saw evidence of actions being put in place to resolve them. For example, following feedback on improvements required to make the garden area a more usable space, especially for those people living with Dementia, the manager was in the process of seeking quotes and had submitted a request for works to be carried out to make improvements. The manager also told us they had recently commenced a 'Resident of the day' meeting in which all heads of department within the home would meet with the identified person for that day to discuss and review all aspects of their care and well being. We looked at a sample of these during the inspection and saw they asked people if they felt listened to, were supported to attend appointments, were happy with the care provided, food and menus, bedrooms and decoration of the home and the overall quality of the service provided. We noted the feedback from these surveys had been largely positive from people using the service.

The home employed a full time activity coordinator who worked mainly on the first floor where people living with Dementia lived. During our visit we saw most people on the first floor were engaged with activities which they appeared to enjoy. However, we noted that on the first floor there was no dedicated space for the purpose of facilitating craft based activities which 14 people were engaged with. This meant people were in the small L-shaped lounge and had to have small tables pulled close to them. We observed there

was a lack of space for staff to manoeuvre around them. The manager told us the staff did their best with the space but agreed it was tight. We saw that there was a large room currently used as a staff room which contained a large table and had space for more seating. We recommend that the service consider the space available to people using the service for the purpose of participating in activities.

We looked at how the service managed complaints and we found the home had appropriate procedures in place, with information displayed in the reception area of the home informing people of the process to follow. The home had received five complaints since our last inspection. We looked at how these had been investigated and responded to and saw it was in line with the policy in place. The people we spoke with told us they were aware of who to speak with if they were unhappy with the service they received. The people we spoke with also said they hadn't needed to make a complaint but knew the process to follow if they ever needed to.

Is the service well-led?

Our findings

At our previous inspection, the well-led key question had been rated as 'Requires Improvement'. This was because we had identified a number of concerns relating to the management of medicines within the home. We served two warning notices, one for regulation 17, Good governance. The provider sent us an action plan telling us about the improvements they intended to make to medication systems. At this inspection we found improvements had been made.

The service had a manager in post who was not registered. However, they had submitted their application for registration with the CQC and were waiting to be interviewed. They had been in post at the home since June 2017.

Without exception, feedback we received about the manager was positive. This was in relation to support they were providing to staff and the pace with which they responded to issues and concerns raised by staff and people using the service. Staff told us they found the manager approachable and that their door was always open. One staff member told us, "Even if the manager is on their way out of the building to go home, if I raise something, they will drop their bags and come back in to sort it. They are very supportive and I feel they are listening to us all." Another staff member told us, "Things are going well. I think we all feel things have improved. There is still work to do, particularly relating to the environment but it feels like it will all get done in a well managed way and that makes a big difference."

Since coming into post in June 2017, the manager had held a range of governance meetings at the home. We looked at the minutes from recent staff meetings which had taken place. This demonstrated that staff were provided with the opportunity to discuss concerns and their work with management.

The manager and provider completed a variety of audits on a regular basis to assess the safety and welfare of everyone at the home. These monitored, for example, staff training and supervision, recruitment, fire and environmental safety, infection control and medication. We saw evidence where identified issues were addressed to maintain everyone's wellbeing. The manager told us, "I'm having to work on ensuring things are embedded, it's all about improving outcomes for people. I want things to be right and it's been hard work but I feel that it's starting to pay off. I feel that staff are with me and they all work hard to ensure people receive a good service from us. I'm happy to have feedback from anyone who comes into the home. I will use it and if it makes things better for people using the service then I'm happy."

The home had a range of policies and procedures in place which covered all areas of care provision. The staff told us they were able to access these if they ever needed to seek guidance about a particular issue.

As of April 2015, it is now a requirement to display the ratings from the previous inspection at the home and on any corresponding websites. We saw the ratings from the last inspection were clearly displayed in the reception area of the home. This meant people using the service, visitors and health care professionals knew about the level of care provided at the home.

Records were stored confidentially. We saw care plans and staff personnel files were stored in locked cabinets with only the manager and admin staff having access to the keys. This meant people's information was being held securely.