

Gradestone Limited

# Harmony House Nursing Home

## Inspection report

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20 December 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Harmony House Nursing Home is a care home providing nursing and personal care for up to 33 people. The service provides support to adults living with mental health conditions. At the time of our inspection there were 29 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Risks were not managed safely. Lessons were not always learnt from incidents. The premises were not always secure. Staffing levels were not always appropriate to safely manage risk. Medicines were not managed safely. Safe infection prevention and control (IPC) practices were not always followed.

Records about people's support needs were not always complete. Most staff training was either completed or underway but staff did not always demonstrate learning from this. The environment needed refurbishment. The systems in place for checking on the quality and safety of the service were not always effective.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager handled safeguarding concerns appropriately. A safe recruitment procedure was in place. All necessary checks and tests were carried out to make sure any equipment used was safe. The provider had policies and procedures in place to minimise risk in the event of a fire. Visiting was taking place in line with current government guidance.

People were given enough to eat and drink and there were a variety of menu choices available. People had access to health professionals when required.

There was a positive culture within the home. Staff told us the registered manager was very supportive and approachable. People we spoke with were generally happy with the care they received, and we had good feedback from relatives. The registered manager understood they needed to be open and transparent when mistakes were made. The registered manager had a good working relationship with the local authority and numerous 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 (published 8 September 2018)

#### Why we inspected

The inspection was prompted in part due to concerns received about areas of concern such as medicines, infection control, consent and quality assurance monitoring at the provider's other services. As a result, we undertook a focused inspection to review the key questions of safe, effective 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. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

We have approached the provider and requested immediate assurances around their improvement plan. As a result of this an action plan has been produced detailing how they would address the shortfalls identified and work to complete this had begun.

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

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

We have made a recommendation about reviewing staff training.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective 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** ●

# Harmony House 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 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 team consisted of 3 inspectors and an Expert by Experience who made telephone calls to people and their relatives. 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

Harmony House Nursing Home 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. Harmony House Nursing Home 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 December 2022 and ended on 30 December 2022. We visited the service on 14 December and 20 December 2022.

#### 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 and professionals 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 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with or gathered feedback via email from 13 members of staff including the registered manager, nurses, senior care staff, care staff, maintenance person, domestic staff and kitchen staff.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 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.



# 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; Learning lessons when things go wrong

- Risks were not safely managed. Risk assessments were not always completed. This meant staff were not always provided with information explaining how risks to people should be mitigated. For example, the provider did not have appropriate plans in place for when people became violent or presented risks to others. As a result, people were exposed to risk of harm.
- Lessons were not always learnt from incidents. For example, there had been an incident in the rear courtyard of the home where a person was placed at risk by climbing on wooden pallets. When we inspected there were still a number of environmental hazards in this outside area, including the same wooden pallets. Following the inspection, the registered manager arranged for the area to be cleared.
- The premises were not always secure. When inspectors first arrived, an open fire door meant anyone could gain access to the building. Following our initial feedback, the registered manager took action to ensure the premises were more secure.
- Cleaning products which contained chemicals which could be hazardous were not always kept locked away in line with Control of Substances Hazardous to Health (COSHH) guidance.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- The registered manager ensured all necessary checks and tests were carried out to make sure any equipment used was safe.
- The provider had policies and procedures in place to minimise risk in the event of a fire. Staff had taken part in regular fire drills.

Staffing and recruitment

- Staffing levels were not always appropriate to safely manage risk. On the first day of the inspection the nurse in charge of the shift was unable to complete the morning medicines round without interruption as people were also coming to them to access their personal allowance. On both days we visited the home we found a person who was a recognised choking risk was left unattended in the dining area whilst eating as staff were needed elsewhere in the home. Some people required 1 to 1 support from staff but this did not always happen.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- People and their relatives were happy with staffing levels. One person told us, "There are always staff around, and always someone to talk to if I need to."
- A safe recruitment procedure was in place. The provider conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were not managed safely. We could not be assured that medicines were stored in line with manufacturer's instructions; storage temperatures were not taken every day and at times were outside the range set out on the provider's paperwork. When temperatures were outside the recommended range no action was taken to rectify this.
- Guidance was not always in place to support staff to safely administer 'as and when required' medicines. Where guidance was in place this was not always being followed and records were not always completed correctly.
- Medicines records were not completed correctly. There were gaps in administration records which meant it was not possible to tell whether people had received their medicines as prescribed.
- Recording of controlled drugs stock was not always accurate. A controlled drug is a prescription medicine that is subject to strict legal controls to prevent it from being misused.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

#### Preventing and controlling infection

- Safe infection prevention and control (IPC) practices were not always followed. We found some areas of the home were not clean and other areas could not be adequately cleaned due to damage. We saw damaged paintwork to handrails in corridors and damaged chair covering which made effective cleaning impossible.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure infection control procedures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- Visiting was taking place in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse



- The registered manager handled safeguarding concerns appropriately. Safeguarding concerns were escalated appropriately, and staff had a good understanding of how to report any concerns. One member of staff told us, "If I had any concerns I would inform the manager, inform all staff what to look out for, inform the community mental health team and inform safeguarding."
- People felt safe living at Harmony House. One person told us, "I feel very safe, always have."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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.

- Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions. For example, limited access to lighters and alcohol.
- There were restrictions around access to certain areas of the home. One of the shower rooms was locked with a keypad. Almost everyone in the home was independent with personal care but would need to ask staff to open this room for them.
- Some MCA documentation had not been completed since 2016, even where limitations and restrictions were being imposed upon people. The recently completed records did not meet MCA requirements.
- Where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Not all conditions related to DoLS authorisations had been met.
- Staff had not ensured they had all the relevant information around restrictions imposed under the Mental Health Act 1983 (Amended 2007). Staff did not know what conditions people had to adhere to when subject to Community Treatment Orders.

This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

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

- People's needs were not always fully assessed. Care plans did not contain information on exactly how to support people at times of distress, what worked in terms of de-escalating situations, what coping strategies people had developed or what to do if these failed.
- Care plans did not always reflect a good understanding of people's needs. Assessments discussed generic mental health conditions but did not say how these affected each individual.

Records about people's support needs were not always complete. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

Staff support: induction, training, skills and experience

- Most staff training was either completed or underway. Although many staff had completed training on the Mental Health Act, it's code of practice, the MCA and DoLS, records indicated they did not have a good understanding in these areas.
- The provider had a policy of no physical interventions, however, records showed assaults had occurred on staff and others. Staff had not had appropriate training to safely manage these situations.

We recommend the provider review their training policy in line with current best practice to ensure all relevant training is delivered and knowledge and understanding can be demonstrated.

- Staff were happy with the level of support they received. One member of staff told us, "I feel like I have huge support from management. When I have a question, or I'm concerned about something I am always listened to and actions are taken if needed."

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

- The environment needed refurbishment. Some furniture was damaged and some areas were in need of redecoration due to damaged paintwork. The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.
- Equipment was regularly serviced to ensure it was in good working order.

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

- People were given enough to eat and drink and there were choices available if what was on the menu was not to their liking. One person told us, "There is a set menu for dinner, but if you don't like it they make you something else."
- People were able to make their own drinks and snacks. A relative told us, "He loves the food, the amount they get, the quality. He can use the kitchen to make himself a drink".

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

- People had access to health professionals when required. One relative told us, "
- We received positive feedback from professionals who worked with the service. One professional told us, "I feel that some staff at Harmony House have a good understanding of my client's needs and endeavour to take their feelings, thoughts and wishes into account."

# 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

- The systems in place for checking on the quality and safety of the service were not always effective. Audits and quality monitoring had not identified the issues we found during the inspection.
- Care records did not always contain sufficient information to enable staff to support people safely or in the least restrictive way.

The provider had failed to complete effective audits or keep comprehensive records. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- The provider had failed to inform CQC about all notifiable incidents in line with regulatory requirements.

This is a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

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

- There was a positive culture within the home. Staff told us the registered manager was very supportive and approachable. One member of staff told us, "I am proud to be working with such supportive and reliable management who are always there for their employees." However, some staff were concerned the registered manager was having to support at other locations and was therefore not always on site.
- People we spoke with were generally happy with the care they received, and we had good feedback from relatives. One relative told us, "They really have looked after my [relative], they treat them like one of the family. They are very much looked after and always look well when I visit."
- One health professional told us, "[People] are familiar with the staff and show genuine trust in staff members, which helps residents to be settled in the home."

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 responsibility in relation to the duty of candour and the need to be open and transparent when mistakes were made. One relative told us, "Any concerns they ring me and tell me. They let me know everything."

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

- The majority of staff felt well supported and were happy in their work. One member of staff told us, "It is a great place to work. Staff are supportive and work as a team."
- Relatives told us the provider kept them well informed. One relative told us, "They phone me if there are any problems, and sometimes in the evening if [my family member] won't take their meds or is anxious."

Continuous learning and improving care

- The registered manager and provider responded quickly to the initial feedback we provided. An action plan was put in place immediately. Some staff provided feedback via email after our site visit and confirmed that positive changes were already taking place. One member of staff told us, "I must start my feedback with the recent improvement [that has] taken place at Harmony House after CQC inspection. For best practice of medication management and administration a new role of medication champion has been introduced and a daily audit is taking place."

Working in partnership with others

- The registered manager had a good working relationship with the local authority and numerous health professionals. People had regular medicine and mental health reviews.
- We received positive feedback from several external professionals who worked with people living at Harmony House. One health professional told us, "I am confident in sharing any concerns or updates with [the registered manager] and these are followed up appropriately."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Staff were not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions. 11(1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not safely managed 12(2)(g)
Treatment of disease, disorder or injury	Risks were not being correctly assessed and care plans did not always contain sufficient information to mitigate risk. 12(2)(a)(b)  Risk in relation to infection control were not always well managed. Some areas of the home were dirty and needed cleaning or refurbishment. Some furniture needed to be replaced. 12(2)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes in place to monitor the quality and safety of the service were not effective. 17(2)(a)  Care records were not accurate or complete, they did not always contain sufficient
Treatment of disease, disorder or injury	

information to enable staff to support people safely or in the least restrictive way.17(2)(c)