Uniquehelp Limited

# Harbledown Lodge

## Inspection report

Upper Harbledown
Canterbury
Kent CT2 9AP
Tel: 01227 458116
Website: www.njch.co.uk

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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 caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

The inspection took place on 8 and 10 December 2015 and was unannounced. At the previous inspection on 27 August 2014, we found that there were two breaches of legal requirements as people's privacy and dignity was not always met and medicines were not stored appropriately. Both of these issues had been addressed at this inspection.

Harbledown Lodge provides accommodation with personal and nursing care for up to 56 older people, some of whom are living with dementia. There were 48 people living at the home at the time of inspection. The accommodation is over three floors and upstairs bedrooms can be accessed by a passenger lift. There is a communal lounge, activities room, dining room and quiet room on the first floor, and a lounge on the second floor. The home has extensive ground and a part of the garden is accessible and secure, with a seating area.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

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.

Assessments of risks to people's safety and welfare had been carried out. However, for some people, there were not clear treatment plans in place to minimise the occurrence of pressure areas developing. Staff had not all received training essential to their role.

Quality assurance systems were in place, but where shortfalls had been identified they had not been prioritised so that action could be taken to address them in a timely manner.

Staff asked for people's consent before they carried out care tasks. However, the assessment processes in place demonstrated that not all staff understood the principles of the Mental Capacity Act and how to apply them to ensure that decisions were made in people's best interests.

Health and safety checks were effective in ensuring that the environment was safe and that equipment was in good working order. The service carried out regular fire drills and checks of firefighting equipment to ensure it was in good working order. Some areas of the service required attention due to unpleasant odours

Staff knew how to follow the home's safeguarding policy in order to help people keep safe. Accidents and incidents were recorded and monitored so that any trends or patterns could be identified and the necessary action taken.

Comprehensive checks were carried out on all staff at the home, to ensure that they were fit and suitable for their role. There were enough staff on duty to meet people's needs.

Nurses gave people their medicines and their competency in doing so safely was assessed on a regular basis. Since our last inspection of the service, changes had been made to the storage of medicines so that it was fit for purpose.

People had their nutritional and fluid needs assessed and monitored and professional advice was sought from the dietician and speech and language therapist as needed. People were offered a choice at mealtimes and had the support they needed and could take the time they needed to enjoy their food.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. DoLS applications had been made for people who lived in the home to ensure that people were not deprived of their liberty unnecessarily.

People's health care needs had been assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff liaised with a number of health professionals as appropriate.

New staff received a comprehensive induction, which included shadowing more senior staff. Staff said they felt well supported and received supervision and attended regular staff meetings.

Staff knew people well and they were valued by staff who treated them with dignity and respect and ensured their privacy was maintained. People were provided with a range of group and one to one activities; by the activities coordinator who was enthusiastic and passionate about their role.

The complaints policy was displayed in the home and relatives felt able to approach any member of staff if they wished to discuss a concern. Any concerns or complaints received were dealt with appropriately.

The registered manager was a visible presence in the home. They had initiated a number of improvements to the service which relatives and professional's had commented on such as more activities available and a more committed staff team.

The views of people, relatives and staff about the quality of care provided at the home were regularly sought and a report was made of their views, together with the action that had been taken to address any shortfalls. The staff team were clear about the aims and values of the home and put these into practice

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# Summary of findings

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The service was not always safe.

Risks to people's safety were assessed but were not always effectively monitored.

Staff knew how to recognise any potential abuse and so help keep people safe.

Comprehensive checks were carried out on staff before they started to work at the home and staffing levels were assessed and were being increased to meet people's needs.

People received their medicines safely. The service was clean and was working towards minimising any unpleasant odours.

**Is the service effective?**

Requires improvement

The service was not always effective.

Staff did not have all the training they required to support the people in their care. There was not a good understanding of the principles of the Mental Capacity Act 2005 to ensure that people's best interests were always promoted.

People's health care needs were assessed and they had access to healthcare professionals when needed.

People's dietary needs were assessed and monitored. Meal times were managed effectively to make sure that people had an enjoyable experience.

**Is the service caring?**

Good

The service was caring.

Staff valued people and treated them with respect, kindness and compassion. People's privacy and dignity was protected and people said staff were sensitive when supporting them with their personal care.

People were given information and involved in decisions about their care.

**Is the service responsive?**

Good

The service was responsive.

People's needs were assessed before they moved to the home and they received personalised care or treatment when they needed it from staff who knew them well.

People were provided with a range of suitable one to one and group activities that they could choose from. Special events were celebrated in an individual manner.

# Summary of findings

People and relatives knew how to raise a concern or complaint and felt listened to.

**Is the service well-led?**

**Requires improvement**

The service was not always well-led

Quality assurance and monitoring systems did not ensure that any shortfalls were identified and addressed promptly to ensure good service was maintained.

The management team were clear about the vision and values of the service, which they effectively communicated to the staff team.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

# Harbledown Lodge

**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 checked 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 8 and 10 December 2015 and was unannounced. The inspector was joined by a specialist nurse adviser on the first day of the inspection.

We did not send the service a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to fifteen people who lived at home and two relatives. We spent time in both communal lounges, observing how staff supported people in their daily lives and joined people in the downstairs lounge for lunch. We spoke to the registered manager, deputy manager, area manager, two nurses, and seven care staff, including senior staff and the housekeeper. Discussion took place with a practice nurse and after the inspection we received feedback from three social care professionals who work for the local authority.

During the inspection we viewed a number of records. We looked at the care notes in relation to nine people and spoke to five of these people and/or their relative, and staff, to track how people's care was planned and delivered. We viewed the Mental Capacity Act 2005, medicines, safeguarding and whistle blowing policies and procedures. We also looked at other records including the recruitment records of the five most recent staff employed at the service; the staff training and induction programme; staff rota; administration and storage of medicines, complaints and complements, staff and residents meetings, menu, health and safety and quality audits, questionnaire surveys and the statement of purpose. The statement of purpose is a document which sets out the aims and objectives of the service and the types of people whom the service can provide care for.

Requires improvement

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe living at Harbledown Lodge. One person told us, "Staff help me to walk around and make sure I do not fall". A relative told us, "She is safe living here".

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as their risk of falling, risks when people were moving around their home and of developing pressure areas. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. For people who were at risk of falling, the staff support and/or equipment they needed to remain safe, was identified, such as a walking frame or hoist.

There was an inconsistent approach to ensuring people received the correct care and treatment, in a timely manner to help minimise the occurrence and progression of their pressure areas. For some people the area had been measured, a photograph taken, dressings had been applied and each wound monitored and evaluated. They were provided with pressure relieving equipment such as a special bed mattress and cushion and these were regularly checked to make sure they were set at the required pressure. However, one person had been prescribed a pressure relieving cushion, but were not using this on the day of our visit. It had been observed five months ago that this person had a dry wound and their skin was broken, but no detailed description was made of the area, nor was a plan of treatment put in place. We observed that the area was swollen and slightly red and the area had healed. The registered manager said that this was a reoccurring wound and that their medication regime slowed down the healing process. However, there was no plan of treatment in place which identified this or the action staff were taking to minimise its occurrence.

For another person nursing staff had recorded they had a red area on one of their feet and a blister on its side. Guidance was in place for this person to be turned four hourly which occurred, but records showed that they were not repositioned to relieve the pressure area. Three days later, they developed an "Open sore on their bottom", in addition to their right big toe and it was only then that protection to the foot and two hourly turning was implemented. An evaluation and plan of appropriate treatment may have minimised the risk of further pressure areas developing.

This lack of monitoring of risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regular checks were made of the environment to make sure that it was safe. This included visual checks of each room to make sure they were free from obstructions and well maintained and ensuring that electrical and gas appliances at the home were safe. There were procedures in place to make sure that equipment such as firefighting equipment, the shaft lift, and hoists were checked and regularly maintained. Each person had a personal emergency evacuation plan (PEEP), which set out their specific requirements to ensure that they were safely evacuated from the home in the event of a fire. This was kept by the front door as part of a grab kit, and so was easily available should a fire occur at the home.

Accidents were recorded together with the immediate action that was taken as a result of the event, such as to apply a dressing if a person hurt themselves or to monitor the person's health on a more regular basis. All accidents and incidents were reported to the registered manager who in turn shared them with the area manager to check for any patterns or trends and learn from any mistakes. The service had a continuity plan in place which set out how the service would continue to support people in the event of a short term disaster, such as a gas leak or flood.

The service had a safeguarding policy and whistle blowing policy. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff knew how to recognise different forms of abuse and said that any change in a person's behaviour or manner would be a trigger for them to speak to the nurse on duty for this to be investigated further. Throughout the day staff checked people's well-being by speaking to them, making observations and responding to their needs and requests. When people were upset or agitated, staff reassured them by spending time with them and reassuring people they were safe.

Potential staff completed an application form which asked them to record information about their skills, experience, qualifications and past employment history, including any

Requires improvement

# Is the service safe?

gaps in their employment. If an applicant was successful identification checks, right to work in the UK, a Disclosure and Barring Service (DBS) check was undertaken and two references were requested. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. All these actions helped to ensure that only applicants who had been assessed as suitable, were employed to support people living at the home.

People's staffing needs were assessed when they moved to the home and the registered manager reviewed staffing levels through observations to ensure there were enough staff to meet people's changing needs. People's bedrooms were on three floors. In order to ensure that every person received the support they needed, staff were dived into two teams led by a nurse. One team supported people on the middle floor and one team people on the ground floor and the top floor. Some people spent their time in one of the lounges and other people remained in bed. The registered manager had assessed that staffing levels were not sufficient and had increased staffing numbers from eight care staff to nine or ten during the day.

Medicines were securely and appropriately kept in the clinical room. A fan was used effectively to store medicines at the correct temperature. Most medicines were contained in a monitored dosage system. This is a method whereby the dispensing pharmacist provides each person's medicines in separate compartments of a blister pack. Other people had all or some of their medicines kept in the original packages and containers and these were clearly labelled and kept separately for each person. Medicines were administered by nursing staff who had their competency in administrating medicines safely, checked on a regular basis by the registered manager. There were no gaps in the medication administration record (MAR), showing that people had received their medicines as prescribed. Where people had been given pain relief, which was prescribed to be given, 'as required', the reason for this was recorded. Any hand written entries or changes on the MAR sheet had been checked and signed by two nurses to help ensure their accuracy.

A housekeeper was responsible for ensuring that the home was clean and free from infection. Cleaning staff were given specific tasks to carry out each day to make sure the home was clean and free from any unpleasant odours. The housekeeper was aware of which bedrooms needed extra attention to make sure that they remained pleasant for the people who occupied them. The home was odour free on the day of our inspection until late in the afternoon when there was an odour on the middle floor. The registered manager was aware of the cause of the odour and the housekeeper and their staff were working towards ways that it could be eliminated.

Requires improvement

# Is the service effective?

## Our findings

People and their relatives told us they were offered a choice of meals and that their food was always hot and appetising. They said they could sit in the lounge, dining room or in their own room to eat their meals. One person said their relative always enjoyed the food, and their only comment was that sometimes there was too much for them to eat!

The home's statement of purpose set out that care and nursing staff were required to receive training in infection control, health and safety, first aid, fire awareness, safeguarding adults, dementia, behaviour that challenges, and the Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards. The administrator had the necessary skills to train staff in first aid and moving and handling people safely and most staff had completed this training and also fire awareness and safeguarding. For other topics, staff were responsible for completing a workbook and answering questions. This was sent to an external provider to ensure staff had the appropriate knowledge. Only half of the care and nursing staff had completed training in health and safety, dementia care, challenging behaviour and the MCA; and only half the care staff team had completed training in infection control. There was no record of the timescale in which staff would complete this essential training. Training in these areas is essential to make sure all staff have the knowledge and skills to safely and effectively support the people in their care.

This lack of staff training in essential areas was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and deputy manager were Dementia Friends Champions. Dementia Friends Champions are volunteers who complete further training and ongoing support to talk to people about improving the quality of life for people living with dementia. The registered manager had planned an event for January 2016, where a room would be set up so people could experience what it was like to be a person living with dementia. Specialist training had been provided to staff in malnutrition and people with swallowing difficulties. Some nursing and care staff had received specialist training in falls awareness, diabetes and end of life care. Seventeen out of thirty care staff had completed Diploma/ Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

The 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 the best interests and as least restrictive as possible.

An assessment tool was available for staff to use, to assess if a person had the capacity to make a specific decision. This tool had been incorrectly used by nursing staff, who had cited the specific reason for the test of a person's capacity, was that they were living with dementia. This has resulted in some care staff misunderstanding the principles of the MCA and stating that people with limited communication did not have the capacity to give consent to day to day decisions. Through discussion staff realised that everyone had the capacity to make their needs known and demonstrated how they responded to them appropriately. Other staff were clear that people had capacity and that on occasions this capacity fluctuated. Therefore, the principles of the MCA were not embedded in the service.

One person had an enduring power of attorney (EPO) and nursing staff had incorrectly recorded that this person's relative had been appointed to make all decisions in this person's best interest. The registered manager did not understand that an EPO related to the person's finance and not their care and welfare. Therefore, there was a risk that decisions about this person's care and welfare would not be made in their best interests.

This lack of understanding of the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who did not have the capacity to make decisions had been provided with an independent mental capacity advocate. An advocate can help people to express their

Requires improvement

# Is the service effective?

needs and wishes and weigh up and take decision about the options available to them. We observed that staff gained people's consent before carrying out their care and treatment, such as moving and handling people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. A checklist was in place for each person, to assess whether their liberty was being deprived. Applications had been applied to a 'supervisory body' to be considered and checked to ensure that the service was acting lawfully.

The menu was displayed near the dining room in word and picture format so that it was easy for people to understand. People were also given information about each meal such as whether it was a healthy, vegetarian or soft food option. Meal times were staggered so that staff were available to provide everyone in the home with a meal and offer support to those people who required it. A staff member was present in the dining room at lunchtime to keep a discrete eye on people and offered assistance when it was required. People were able to eat at their own pace as some people required longer to eat their meals.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People's weights were taken monthly, to monitor any changes. When there had been concerns about people losing weight, food and fluid charts were put in place to closely monitor how much people ate and drank each day. The amount of fluids people drank were added up each day by the nurse on duty, to ensure that people had had enough to drink. Concerns about people's weight loss was discussed and reviewed by people's doctor and food supplements were obtained and referrals made to the dietician. Referrals were also made to the speech and language team if people had difficulty swallowing.

A health care professional said they had good working relationships with the nursing staff and that they were contacted appropriately when their advice and support was required. They said that staff were always helpful when they visited the service and they were able to access the information about people that they required. Nursing staff carried out regular health checks on people and these were recorded so that any changes in their health could be identified and appropriate action taken.

People's care plans gave written guidance about people's health needs and medical history. These included information about people's medical conditions and what support they required from staff and other professionals to maintain their well-being. A record was made of all health care appointments such as with the doctor, dentist, chiropodist, optician and multi-professional meetings. This included why the person needed the visit and any professional advice that was given. A summary of each person's health and medical needs was available and the service had plans to develop this information into a "Hospital Passport", but these had not been completed. Hospital passports contain important and comprehensive information to hospital staff, should they be admitted, about the person's needs in relation to eating and drinking and communication in addition to their medical and health needs.

A health care professional told us that the service supported a lot of people with behaviours that challenged themselves or other people and that the staff team were good at doing this effectively. A social care professional said that a person who had behaviours that challenged had immediately settled at the home and their behaviours had now ceased. . Care plans contained information about what behaviours a person may present and guidance about the action staff should take to keep the people safe. Daily notes contained information about how successful these strategies were in keeping them and the other people who lived in the home safe.

New staff were assigned a mentor and completed a three day in-house induction. They shadowed their mentor, who guided them through the basic principles of care. Staff then started to work through the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff were then responsible for completing a work book on essential topics and some face to face training. New staff said that they felt their induction gave them the skills and knowledge that they required. They said they received excellent support from their mentor and the whole staff team.

Requires improvement

# Is the service effective?

Staff said that they felt well supported by one another and that they worked together as part of a team. Staff said they could approach the nurse on duty, registered manager or deputy manager to discuss any issues or concerns. Staff meetings every two months where the registered manager shared information with staff team, in addition to discussing the wellbeing of people who lived in the home. The registered manager conducted regular formal supervisions and annual appraisals with all nursing and care staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

There had been a number of improvements to the building since the last inspection to the service. There was new vinyl flooring on the ground and middle floor and new furniture. This made the area look brighter and more inviting for people who lived on these floors and spent time in the lounges. A redecoration programme was underway, beginning with rooms that were not currently in use. These had been painted in a variety of bright colours. Agreement had been obtained from the provider to provide some double glazing and to build a conservatory in the garden.

Good

# Is the service caring?

## Our findings

People and their relatives said that staff were kind and caring. One person told us, "I am well cared for", and another person said, "I am treated like royalty. I have been welcomed since the day I moved in." A relative told us, "I am happy with the care here. The staff are always friendly and there is a good atmosphere".

People told that staff treated them with dignity and respect. They said that staff were particularly respectful and sensitive to their needs when supporting them with their personal care. They said there were occasions when they did not feel good about themselves as they could not attend to their own personal care needs, and in these situations staff made them feel valued. A social care professional told us that staff were, 'Patient and understanding'. They said that when people were confused, staff were always there to show people where they needed to go, such as to the lounge or the toilet.

Staff showed concern for people's well-being in a caring and meaningful way and responded in a kind and compassionate manner. When we spoke to one person in the privacy of their room, they became very upset and distressed. We asked a member of staff who was nearby to speak with them as we were concerned for their welfare. This person's face lighted up when this staff member entered their room. The staff member reassured the person that they were safe. The person then responded in a negative way about themselves. The staff member immediately spoke about the person in a positive way, valuing their contribution in the second world war. They then spoke about their family, which was an important aspect of this person's life and said they were lucky to be blessed with such a good family, to which the person smiled. The member of staff talked to the person further, and checked with the person that it was alright to leave them and come back later, before they left.

Some people enjoyed physical contact such as holding a person's hand or giving them a kiss. Staff responded in a caring and appropriate way to people's affection for them. One staff member shared their emotional experience of supporting a person at the end of their life. They explained how they arrived early to work so they could spend extra time sitting, talking to and holding this person's hand. They genuinely enjoyed spending time in this person's company and were greatly upset by their passing. This member of staff valued this experience and was enthusiastic and motivated in having the opportunity to support other people living at the home in the same, compassionate manner.

Detailed information had been obtained for each person about their past history and what they liked to do. This information was available to staff in a short summary, with pictures, so it was easy to understand what was important to a person.

Staff knew the people they were caring for, including their preferences and personal histories. One person laughed and joked with care staff, the activities coordinator and the housekeeper. This showed that all staff knew people well and their individual characters. When one person said a few words, staff understood that they were asking when their relative would be visiting and they responded that they would visit later in the afternoon.

The appropriate time and attention was given to people to ensure they looked smart, well dressed and groomed. People wore clean and well-presented clothes and the hairdresser visited regularly, and had done so the day before our inspection.

People had the privacy that they needed. Some people liked to spend time in their rooms and this was respected. Staff knocked on people's bedroom doors before entering. One care staff was supporting a person with their care. They briefly left their room and then returned. They ensured they knocked on this person's door and announced their presence to the person, before re-entering their room.

People were able to make their own decisions and these were respected. People who liked to walk around the home were given the freedom to do so. They were not asked by staff to sit down, unless they needed to do so, such as when drinking or eating. People were involved in making decisions. When people were offered drinks and food they were asked for their choices. Although staff knew people's preferences, such as whether they preferred tea or coffee, staff always asked people their choices and did not act on their behalf, when it was not necessary.

People were given explanations when they required them. One member of staff was carrying out a drill to check that all fire doors closed in the event of a fire. They explained to each person that they were closing their bedroom door, due to the fire drill taking place.

Good

# Is the service responsive?

## Our findings

People told us that staff responded to their needs and requests. Comments included, "I am very happy with the care"; "I like it here. I like that I can be in my room. I like the peace and quiet"; and "This is a good place to live". One person rang their buzzer which was within their reach and a member of staff came to attend to their request.

People said that they were able to occupy their time as they chose and that there were activities available for them to take part in. "I have only just moved in and there are a lot of things going on here", one person told us. Another person told us they liked to read their newspaper in their room. They informed a member of staff they had seen their newspaper that day and this member of staff immediately went and collected it for them. Another person proudly showed us their beautifully coloured nails which a member of staff had painted. "I am delighted with them", they responded. One person said that church services took place regularly at the home which they liked to attend. "I go downstairs when there is something going on", this person told us, "And there is a lot going on at this time of year. I particularly enjoyed the children coming here to sing". One person said that they enjoyed going for walks each day. We saw this person being accompanied by the activities coordinator, walking along the corridors and being encouraged to maintain their fitness.

One relative told us that the home had improved in the number and variety of activities that were on offer. A social care professional said that people were made to feel valued by involving them in tasks around the home and in activities they enjoyed, such as gardening. An activities coordinator was employed at the home each day during the week. They had spoken to each person and/or their family members about what things people liked to do. A two page summary had been made of people's likes using pictures, so staff could see at a glance how people enjoyed spending their time. The activities coordinator was responsible for ensuring that there were one to one and group activities available each day that met people's needs. In the morning people had the opportunity to take part in woodwork, supported by an additional activities worker who was employed for two sessions a week. People were making bird houses and painting them. In the downstairs lounge the activity coordinator was carrying out individual activities with people. They supported one person to walk around the home, painted peoples nails and played a game of counters with one person. They also engaged people in conversation, calmed a lady who was getting upset, and fetched a cup of tea for one person who had forgotten that they had already drunk a cup.

The registered manager had introduced a system to help ensure that people had one to one time with staff on a regular basis and so help promote their well-being and reduce any social isolation. Staff were encouraged to spend quality time with people talking them to about what was important to them, reminiscing and getting to know more about people's personal histories and lives. A record was made of when this one to tone time took place, how the person responded and what they had learnt about the person.

The activities coordinator had been creative in arranging external entertainers. They had asked people's relatives who had musical talents to perform for everyone who lived in the home and this had been well received. A special event was arranged each month. This had included a firework display, McMillan coffee morning and a Christmas fayre. They also made sure that special events such as birthdays and wedding anniversaries were celebrated. After speaking to one person, the activities coordinator had discovered that they had not had a meal out with their wife for a long time. They had arranged for them to share a meal for two together, with a bottle of wine to celebrate Valentine's Day. "That is wonderful", the person responded, when the activities person confirmed to them that it had all been arranged.

Staff knew people well and were able to describe the kind of support each person needed and how they preferred to be supported. In the afternoon in the upstairs lounge, some people were watching an old film. A staff member came and sat next to one person and engaged them in conversation. This person responded as the conversation was on a topic that they enjoyed. Later this staff member sat next to another person and this interaction resulted in a lot of giggling and laughter. Other staff members read people their Christmas cards.

People and their relatives knew how to share their experiences and raise a concern or complaint and felt comfortable doing so. One person spoke to us about some concerns they had about the care they received. With their agreement, we asked the deputy manager to discuss these concerns with them. The deputy manager listened to their

Good

# Is the service responsive?

experiences and enabled them to fully explain the nature of their concerns. They responded appropriately and sensitively to their concerns. As the person was not clear about one aspect of their concern, the deputy manager asked them to think about it some more, and to get back to them if they remembered the full details. The person was satisfied with this response. A relative told us, "The registered manager is always around if I need to speak to them, but I would speak to any member of staff if I had a concern".

The complaints procedure was available in the reception area and each person was given a copy when they moved to the home. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log, investigated and complainants had received a response.

Social care professionals told us that the registered manager was available to undertake assessments of people when they were required and at short notice. They said they visited the person, undertook their own assessment of the person's needs and then accepted the person into the home in a timely manner. Assessments included aspects of people's health, social and personal care needs including their communication, mobility, nutrition, continence, skin care and breathing.

A plan of care was developed for each person, once they had moved to the home. This was done in a timely manner as a care plan was being developed in the morning of our inspection for a person who had moved to the home the previous evening. This contained guidance for staff about the support people required such as if they required people to support them with their personal care; if people could be confused and required staff to communicate clearly and show patience and understanding; and support with specific medical and health needs. People's care notes contained information about people's individual likes, dislikes, personal preferences and their past histories. Time had been spent gaining information about people's family trees and past occupations and photographs had been obtained of people that were important to them. Care plans had been reviewed and were being updated at the time of our inspection visit.

Requires improvement

# Is the service well-led?

## Our findings

People, staff and relatives said that registered manager was a visible presence at the home. Relatives said they would recommend the service to other people. "I would recommend the home as staff are friendly and welcoming", one relative told us. Social care professionals told us that the registered manager and administrator were extremely professional and quick in responding to any enquires they made. They said that feedback from the family of people who came to live at the home was always positive about the care they received. All professionals said there was good communication between them and the home.

There were systems in place to review the quality of the service, but they were not always effective. There were monthly audits and action was identified in relation to infection control, health and safety, accidents and incidents, medication, people's weights and any illnesses or admission to hospital. The area manager carried out monthly audits of the service and the last had taken place on 6 November 2015. This audit had identified a number of areas of improvement including updating some information in care plans, a night fire drill, a staff training plan, a medicines review plan and clearer recording of pressure ulcers and further staff training in this area. It was not possible to identify from the plan which areas had been addressed and which should take priority. The area manager had a new audit form in place which prioritised shortfalls, but this was not yet in use at the service. Additional shortfalls in the service were identified at this inspection in relation to inconsistent nursing care and staff not all having the necessary training or understanding in the Mental Capacity Act 2005.

This lack of a fully robust quality monitoring process was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some records were not clear, well organised or up to date. There was an unnecessary delay in recording some people's preferences and choices for their end of life care. Two people who had been admitted to the home for end of life care did not have their wishes and preferences recorded, although they had lived at the home for one month and three months respectfully. When one person's nutritional supplements had been changed by their doctor, the care notes did not accurately reflect this. "Hospital Passport" forms were in each person's care notes, but none had been completed. These forms were used to give staff important and comprehensive information, should a person be admitted to hospital.

The lack of accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The aims, objectives and philosophy of the home were set out in the Statement of Purpose. Staff were able to describe these and were clear about their responsibilities to the people who used the service and to the management team. The registered and deputy manager were both registered nurses and had clinical oversight of the service. Staff were complimentary about their management skills and said they were both approachable. The registered manager supervised all staff and so knew each staff member well. The deputy manager worked part time as a nurse in charge of a care staff team and therefore had first had experience of the care needs of people who lived in the home. Staff said there was good communication in the staff team. The registered and deputy manager led by example. They responded to people's requests and needs and in their communication with people they demonstrated they knew people well.

People and their relatives and staff were asked for their views about the service in a variety of ways. Relative and service user meetings were held every few months where people were able to voice their views and information was given to people about up and coming events, new staff and future plans of the home. A staff survey in September highlighted that although most people felt supported, they would like praise for any work they had done well. As a result the registered manager introduced more in depth supervisions, staff events and was arranging champions in specialist areas.

Survey satisfaction questionnaires had been issued to people in March 2015 and a summary had been made of the responses, which were mainly positive about quality of care provided at the home. This was that people could visit when they wanted, visitors were made to feel welcome, people's needs were met, and that any concerns were acted on. Where shortfalls had been identified, action had been taken to address them. For example, some people commented on insufficient staffing levels, food not being hot enough or to a high enough standard and a lack of activities. As a result, staffing levels had been increased,

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menus had been changed and a hot trolley used and more activities had been provided. Surveys had been issued again in October 2015 and remained positive about the care provided. Comments included, “I am very well informed, and have never had to make a complaint. Harbledown has given my relative a cosy home to stay”; “I could be kept more informed”; “Staff are always very friendly and helpful. Excellent care”; and “Thank you to all staff for looking after my relative”. The registered manager was awaiting further responses before collating a report about the findings.

A professional told us that there had been a number of staff changes in the home, but that this had improved the outcomes for people who lived there. A relative told us that there were more activities available since the employment of a new activities coordinator. The activities coordinator demonstrated their passion and enjoyment in providing people with activities and learning about their past lives and interests. In addition, there had been an increase in the number of care staff available on some shifts; care was focused on giving people one to one time; and the home environment had been improved by new flooring, furniture and redecoration in some areas.

The service had received around fifteen compliments in the last year. Comments included, “Your specialist care for my Mum in the last weeks was appreciated. You truly are an inspiration to all nursing homes”; “She was in a happy environment, laughing and chatting”; “Thank you for your care, comfort and kindness. For the nurse who spoke to me on the sad day of his passing, my heartfelt thanks for their kindness and compassion to me for delivering such sad news”; and , “How impressed and overwhelmed we are by the kindness show by staff on her birthday. She is cared for by such a wonderful bunch of people”.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**Potential risks to people were not always effectively monitored to protect people from the risk of harm.**<br><br>Regulation 12 (1) (2) (a) (b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>**Staff did not all receive the appropriate training in health and safety, dementia care, challenging behaviour, infection control, which was appropriate to work they performed.**<br><br>Regulation 18 (2) (a) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>**Staff did not all have the necessary training or understanding to act in accordance of the principles of the Mental Capacity Act 2005, at all times.**<br><br>Regulation 11 (1) (3) |

| Regulated activity | Regulation |
|---|---|
| | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**The provider did not have an effective system in place to identify and take action to address shortfalls in the provision of the service, in a timely manner.**<br><br>Regulation 17 (1) (2) (a) |

This section is primarily information for the provider

# Action we have told the provider to take

Records were not always accurate, or written in a timely manner.

Regulation 17 (2) (c) (d)

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.