

Beaconsfield Housing Society Limited

Harrias House Residential Care Home

Inspection report

Hedgerley Lane
Beaconsfield
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HP9 2SD
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 8 September 2015 and was carried out as part of our schedule of comprehensive inspections. The inspection was unannounced which meant the provider did not know we would be visiting.

Harrias House Residential Care Home provides care and accommodation for up to 19 predominantly older people. Harrias House Residential Care Home does not provide nursing care.

At the time of our inspection there were 15 people living in the home. There was a registered manager in post. 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.

Summary of findings

People who use the service gave us positive feedback about the care and support they received at Harrias House. One person told us "The staff are friendly; they always take their time to support me". People's independence was promoted because they received the support they needed. During our inspection we observed that people were treated with dignity and respect and were able to make their own choices.

Care plans we reviewed contained detailed information of people's medical, social and support needs. We saw relevant risk assessments were undertaken and recorded to reduce the likelihood of injury or harm.

The provider had a robust system to ensure appropriate checks were undertaken prior to applicants undertaking employment. Disclosure and Barring Service checks (DBS) for new staff had been completed to ensure their suitability to work with vulnerable adults.

Staff members were supported appropriately within their roles through ongoing training and supervision. One member of staff told us "I love working here; we are a very good team". We saw appraisals were undertaken annually.

We spoke with a pharmacy manager who had dealt with Harrias House for the past three years. They told us staff ordered and managed medicines effectively, they ensured they followed procedures correctly and queried any anomalies with either them or the relevant G.P.

We also received positive feedback from other professionals who visited the service.

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?

The service was safe.

There were sufficient staff available to meet people's assessed care needs.

Risks to people had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risk.

Medicines were managed safely and in line with guidance. Where specific advice was received from professionals, this had been reviewed with a pharmacist.

Good



Is the service effective?

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new staff were robust and comprehensive.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

The staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Staff gave people choices and were patient and polite.

Good



Is the service responsive?

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A wide variety of activities were available within the home. People were empowered to make meaningful decisions about how they lived their lives.

People were supported to engage with the local community and maintain relationships that were important to them.

Good



Is the service well-led?

The service was well led.

Staff were provided with appropriate leadership and support. Staff, trustees and the manager worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place to both monitor the quality of care provided and drive improvements within the service.

Good



Summary of findings

The manager and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health needs were met.

Harrias House Residential 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 8 September and was unannounced. This meant the provider did not know we were visiting. There were two inspectors carrying out the inspection.

The service was previously inspected on 10 April 2014 and met the requirements in all areas assessed.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports.

The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about events which the service is required to send us by law.

We gathered evidence of people's experience of the service in conversations we had with five of them and during observations in communal areas. We also spoke with six members of staff and with three relatives. We received information from three care professionals associated with the service and with a member of the board of trustees.

We looked at a range of records. These included four care plans, three staff files, medicine administration records, training records, residents and staff meeting minutes and selected policies and procedures.

Is the service safe?

Our findings

There were sufficient staff available to meet people's needs. During the inspection we observed positive interaction between care staff and the people who lived in Harrias House. We saw people were able to easily request support from staff by using a call bell system in their rooms. We found four care staff were on duty each morning; one of them would be a senior carer, who would be the person responsible for administering people's medicines. During the night there were two members of staff on duty.

People were cared for by suitable staff. The provider followed robust recruitment procedures; records were seen to confirm this. The recruitment process included a checklist and progress record for each applicant. The required documents, signatures and photographs were in place including references and disclosure and barring service (DBS) checks.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from the medicines trolley and people were provided with appropriate drinks to aid them take their medicines. The medicine administration records (MAR) had been correctly completed. All medicines that required stricter controls by law were stored securely and accurately documented. Regular medicine audits had been completed by the manager. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home.

The medicine round was carried out by the senior carer who administered the medicine in a professional, competent manner, in line with the home's policy and procedure for the safe administration of medicine.

Some people had been assessed as safe to be able to store their medicines in their own room and take them when they needed them. A risk assessment was in place for people who did this. This was monitored and reviewed by the home on a monthly basis.

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. Safeguarding information posters were displayed throughout the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished. Staff had a very clear understanding of safeguarding issues and what to do if they saw or suspected it. They confirmed safeguarding training was included in the induction with regular updates thereafter.

The people we spoke with at Harrias House said they felt safe and had no concerns about their welfare. They told us staff were supportive and they would have no hesitation in talking to them about anything which worried them.

There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. There were fire extinguishers in place and we saw fire test records.

Is the service effective?

Our findings

People were cared for by well trained staff. We inspected the home's training matrix used to manage the training needs of the staff team. We compared the information in the training matrix with information in the staff files we inspected and found it accurately recorded details of the training staff had completed. These records showed staff had completed training in relation to the safeguarding of adults, manual handling, infection control and food hygiene training. Some staff had received additional training in a variety of topics including the safe handling of medicines.

Staff told us they had received effective initial training which enabled them to do their job safely and effectively. A staff member told us the induction was well structured and planned. Staff told us they were clear about their roles and responsibilities. The senior carer who was administering people's medicines, completed the medicine round in a timely manner, this meant that people received their medicine on time.

We observed lunch and saw that people were provided with healthy nutritious meals, which meant people were protected from malnutrition and dehydration..

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care

needs were met. The manager had made appropriate referrals to health professionals including GPs, district nurses, dentists and opticians. The pharmacy manager, who had been dealing with Harrias House for over three years, commented "the staff are caring, well trained, accurate with medicine dosing and very friendly".

We spoke with four members of staff and they told us they felt well supported by the manager and management committee. They told us they received support from supervisions and appraisals

People's consent to care and treatment was sought. Although everyone in the home had capacity to make decisions for themselves, the manager and staff we spoke with had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purpose of care and treatment. Training records demonstrated that staff had had training in relation to the MCA and DoLS.

People lived in a home that was well maintained and decorated in a homely manner. There were no restrictive practices within the home and we observed people moving around freely.

Is the service caring?

Our findings

People who lived in Harrias House and staff told us they were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing and joking with people. Everyone we spoke with complimented and praised the staff who supported them. People's comments included; "I can't fault them, they treat me with respect" and "we're not in our homes but we're in the next best place".

We saw care plans included evidence that people were involved in decisions about their care and support. People's preferences were recorded; for example, if they preferred a male or female member of staff to assist them with personal care and how they like to be addressed. The care plans provided staff with clear instructions to encourage people to be as independent as possible, while providing information on the level of support required.

Professionals who visited the home regularly told us the staff are "attentive and caring". We observed staff engaging

with people. We saw staff were kind, caring, gentle, supportive and enabled people to be independent. One person we spoke with commented, "It's excellent" another said they "could not fault the home."

We spoke to the Chair of the residents' committee who came in for respite care, but liked it so much they decided to stay. Another person commented that they had support with her admission to hospital and return to the home. "The home provides excellent care the menu is adapted to people's needs".

One person told us "everything is fine, staff are excellent". They said that; "they didn't know where they got them from, but there are no bad ones". They told us they were very pleased that the new deputy manager had come back, they knew them previously as a care worker and they were very good. They said they felt well looked after and were involved in their own care as much as they wanted to be.

One person who had become unwell and required extra care wanted to be able to remain in the home. The home was able to meet the needs of the person, by involving outside agencies, which ensured the necessary extra support was provided until the person passed away.

Is the service responsive?

Our findings

People's care plans were detailed and informative. They included records of the assessments undertaken prior to individuals moving to the home. The care plans had been developed from the information people provided during that initial assessment and had been updated regularly to help ensure the information remained accurate. Care plans provided staff with a clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively.

Care plans included photographs of the person and additional information about the person's background and life history. This enabled staff to better understand the people they provided care and support to and what individuals or events were significant to them. When we spoke with staff and observed their interaction with people we found they treated each person as an individual and provided care and support with their cooperation and consent. The care plans included clear informative daily records of the care provided and activities each person had engaged in. Food preferences and any dietary requirements were also noted.

We observed the early morning routine of the home. Staff asked people what they would like for breakfast and offered choices of what they ate and drank. The atmosphere was calm and relaxed; people could choose where they sat. There was no sense of people being rushed, any assistance required was offered appropriately and respectfully. The atmosphere in the dining room was calm and uninterrupted. Some people chose to have their meal in their room.

People's medicines were regularly reviewed by the G.P on a monthly basis, or more often if any concerns were highlighted regarding an individual's medicines. People's care plans had evidence of being reviewed monthly and updated with any changes in health or care needs. This meant that any significant changes to health or care needs could be risk assessed and documented in the main care

plan. The doctor, who was the regular G.P for the home, reviewed the people living in the home on a regular basis. We saw there was a comprehensive 'Residents Guide' available in the reception area. This contained detailed information about the home, its facilities and routines.

People experienced continuity of care from a settled staff team. The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The home was fully staffed and the staff team was very stable with a number of staff having worked at the home for many years.

The home's activity coordinator provided computing courses for people who were interested. The activity coordinator had the use of a lap top which was provided by the home, this was used in 1-1 sessions with people. Weekly activities and entertainment were available for people who wished to participate. Activities ranged from flower arranging to gentle exercise. Trips out were organised, these had included a visit to Bledlow Manor and another recent one being to Hall Barn, a local historic private house, with a tea provided by the owner.

A professional involved with the home told us that the home responded to changes in people's needs. There was evidence of this in one person's care plan who had deteriorating vision. Several appointments were made with the optician to ensure everything possible was being done to enable the person keep their sight for as long as possible. The person had requested to spend their time during the day in their room. This was taken into account and the activities were adjusted accordingly. For example, the seating was arranged closer to the television so the person was able to see the screen. The activity co coordinator spent 1-1 time with the person to ensure the person was not isolated.

The home employed a person who carried out a weekly exercise class for people who wanted to attend. Any concerns or changes in people's ability to perform the exercises was reported to a member of staff.

Is the service well-led?

Our findings

People who used the service and those relatives we spoke with were all positive about the leadership of the service. This included the management team and the provider representatives, who played an active role in monitoring the service provided.

The service was well led. Staff had appropriate leadership and support. There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service. We were provided with details of a range of audits and evaluations carried out by the manager and provider in order to obtain feedback, monitor performance, manage risks and keep people safe.

There was a doctors' monthly review list to identify things the G.P needed to follow up. The home manager and staff were open, willing to learn and work collaboratively with other professionals to ensure people's health and care needs were met. They also confirmed they had regular team meetings where information or any concerns could be raised. We saw records of team meetings and supervision sessions as well as staff training records.

A number of staff we spoke with had been working at Harrias House for many years. This helped to build team spirit and benefitted the people living in the home through continuity of care.

We saw the home had a complaints policy which informed people how to make a complaint. It included contact details for various bodies to whom complaints could be taken if not settled locally. The residents guide included details of the policy together with contact details and copies of the service's complaints procedures were displayed at various locations around the home.

None of the people we spoke with had any complaints about the quality of the care they received at Harrias House. People told us they would raise any issues or complaints with staff. People's comments included; "no complaints". "I first came here for respite then decided to move in permanently".

Resident's meetings were held regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meetings demonstrated that feedback provided was followed up and acted upon so that the service could improve.

People commented favourably about the homeliness and scale of the service. The manager, and trustees maintained a supportive and inclusive culture within the service. There were very strong local community links, with churches and local services.