Parkhaven Trust

Harrison House

Inspection report

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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

Summary of findings

Overall summary

This unannounced inspection of Harrison House took place on 25 May 2017.

Harrison House provides accommodation for up to 24 older people. The home is situated in grounds which form part of the Parkhaven Trust who are the provider organisation.

At the last inspection in May 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

The registered provider had systems and processes in place to ensure that staff who worked at the home were recruited safely. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse this included 'whistleblowing' to external organisations. Rotas showed there was an adequate number of staff employed by the service to support people safely within the home.

Risks were well assessed and information was updated as and when required. The registered provider had put additional risk assessments in place relating to falls management within the home. This was in response to an external investigation which had taken place. We viewed these procedures and how they worked. People were supported to manage their medication by staff who were trained to do so, and safe medication procedures were in place and followed.

All newly appointed staff were enrolled on the Care Certificate. Records showed that all staff training was in date. There was a supervision schedule in place, and all staff had received up to date supervisions and most had undergone an annual appraisal, any due were booked in to take place.

The registered provider was working in accordance with the Mental Capacity and Deprivation of Liberty Safeguards (DoLS) and associated principles. We saw that where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People told us they liked the staff team who supported them. Staff gave us examples of how they preserved people's dignity and privacy when providing care.

Complaints were well managed and documented in accordance with the registered provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Care plans contained information about people's likes, dislikes, preferences and personalities. Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery. Action plans were drawn up when areas of improvement were identified. Staff meetings and resident meetings took place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Good.

There were safe practices in place to ensure people received their medications safely and on time.

Staff were recruited safely and only offered employment subject to satisfactory checks being carried out.

There were processes in place which ensured staff were aware of how to protect people against the risk of abuse, and the practicalities of raising a safeguarding concern.

Safety checks were being completed on the building and the premises and any remedial action was designated to the appropriate person and followed up.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Harrison House

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.

The inspection took place on 25 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has expertise in a particular area, in this case, care of older people and people living with dementia.

Before our inspection visit we reviewed the information we held about Harrison House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also tried to access the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We could not access this form due to a technical issue on our behalf, however one had been submitted. We had received information from a third party organisation regarding the management of falls at the home, which had resulted in an external investigation, so we checked this as part of this inspection.

We spoke with five people who lived at the home, three care staff, one medical professional who was visiting the home at the time of our inspection, the activities coordinator and the chef. We also spoke with the operations manager, and the registered manager. We looked at the care plans and for three people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated to the running of the service

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Harrison House. Comments included, "It's the whole feeling of the place. I know it's safer being locked in", (this referred to the front door entry system keypad). Also, "It's hard to explain, I just feel safe". "It's just the atmosphere that makes me feel safe". "There's always somebody around and I know the girls (staff)". Also "There are people around all the time". One visitor told us "I've met all the carers and I'm very happy, they're looking after [family member] very well". Another visitor said, "We've had another relative in here beforehand".

We saw that the recruitment and selection of staff remained safe, and staff were only appointed following a robust recruitment check. Additionally, staff were able to explain the course of action they would take if they felt someone was being harmed or abused, this was reflected in the registered provider's safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as CQC if they felt they needed to.

All checks on the environment were completed when needed and any repairs were reported to external contractors. This was checked as part of the quality assurance process and actions were marked off by the registered manager when they were completed.

Medication was well managed. All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of Medication administration records (MARs) which were completed accurately by staff, and had been audited by the registered manager. We counted a sample of loose medications and found that all stock balances corresponded to what was recorded on the MARs.

Rotas showed that there were enough staff employed to safely meet the needs of the people living at the home. We saw that staffing was consistent, and most of the staff had been in post for a long time.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. We looked at the procedures in place in relation to falls documentation, as we had received some information of concern regarding a person who had fallen at the home and sustained injury. The feedback was that the incident had not been well managed at the time. We asked the registered manager what they had put in place to evidence that lessons had been learned from this. They showed us their new falls guidance. This included 'post falls monitoring guidelines' which looked at how future falls could be prevented and any changes needed to the person's plan of care.

Good

Is the service effective?

Our findings

People were supported by appropriately trained staff. People we spoke with said they felt staff were suitably trained. We saw that each staff member had undergone an induction in line with the principles of the Care Certificate, as well as the registered providers own mandatory training requirements. The Care Certificate is a set a principles which can be used to support new workers in the first twelve weeks of their roles. We checked the training matrix, and saw that all staff training was in date. Certificates were stored in staff files. Staff engaged in regular supervisions and had had an appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood the need for DoLS to be in place and when an application should be made and how to submit one. We viewed the DoLS for two people who lived at the home including any conditions stipulated within the DoLS authorisation. Consent was gained in line with the principles of the MCA. We saw were people could not sign or give consent due to their cognitive ability, a best interest process was followed.
We saw that people were supported appropriately with their nutritional and hydration needs. People spoke very positively about the food. Comments included said "It's very good, and you have a choice, they bring a menu round" And "It's excellent".

There was appropriate documentation in place which the staff completed when people had attended either a GP appointment or an appointment with another medical professional. We saw from looking at these records that people had access to healthcare services when they needed them. The medical professional we spoke with was complimentary about the home, and said that staff always follow their instructions and advice.

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring. One person said, "They treat me well, nothing's too much trouble". Someone else said, "They're alright, one's a bit bossy". This person would not elaborate further on this comment. Someone also said, "They [staff] are very kind". Also "They are like a friend, very kind", also "They treat me with respect and they are very kind". A visiting relative told us, "Their approach is really good; they get on well with [relative]." Another visiting relative told us "The staff are fantastic". The medical professional we spoke with told us they felt the home was caring and they had no concerns.

Care plans were either signed by the person themselves, if they had the capacity to do so, or via a best interest process which involved their family members. Some people we spoke with could not remember whether they had been involved in reviewing their care plans, however, care plans had been signed and dated when they had been subject to review.

All of the staff we spoke with told us they liked supporting the people at Harrison House and felt they had built positive relationships with them. This was evidenced when we observed staff providing care for people. For example, we heard staff asking for consent before they helped people, and they were respectful when asking people what they would like to drink/eat. One staff member told us, "I think I always try to treat everyone with respect, it is how I would want my family member treated."

We saw that advocacy information was available for people who required access to this type of service. There was no one accessing advocacy at the time of our inspection.

People's records and personal information was securely stored in a lockable room which was occupied throughout the duration of our inspection.

Good

Is the service responsive?

Our findings

People received person centred care and support. This meant support was given by staff in a way which met each person's individual needs. Information within care plans was relevant, up to date and contained an in depth knowledge and understanding of each person. For example, one care plan stated, '(person's name) likes to have their nails long and painted.' Additionally, there was information in care plan's, such as religious or cultural beliefs, and what hobbies people liked to pursue. Also, how the person liked to dress during the day and what nightwear they preferred to wear in bed. We saw that one person's care plan stated '[Person] likes to be dressed in trousers and blouse, [person] does not wear skirts.'

People who required support with their mobility needs received care and support which was right for them. For example, we saw that one person required a specific support routine to enable them to transfer from chair to bed, and this was clearly documented in their plan of care, including where the staff should stand (so the person could see them clearly) and any visual prompts they needed to support them to follow the staff guidance. Additionally, people requiring fluid charts, turn charts, and nutritional charts for support with weight management had all of these in place, and they were completed in full.

People did not know if they could chose the gender of their care worker but no one said this was an issue. One person said, "I like them all anyway."

People told us they enjoyed the activities at the home. There was an activities coordinator in post who worked full time across the organisation. People told us they enjoyed watching television, crocheting, exercises, and going on trips out.

We saw that there had been no complaints made about the home since our last inspection. We saw that the complaints procedure was clearly displayed in the communal areas of the home. People we spoke with told us they knew how to complain. One person said, "I haven't needed to, but if anything was wrong my (relative) would see the manager."

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was complimentary about the registered manager, and stated that they clearly led by example. Everyone we spoke with, staff and the people who lived at the home said that the registered manager was approachable. Comments included, "They [registered manager] are lovely, very caring." Also, "Very kind, absolutely brilliant."

We saw that team meetings were taking place every month, the last one had taken place in April 2017 and we viewed the minutes of these, as well the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

There were audits for the safety of the building, finances, care plans, medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. For example, we saw that one audit on the environment had identified the need for some modernisation. This had been shared with the provider and action as being taken for replacement items. We saw that all of the monthly information from the audits were sent to the aoperations manager who made unannounced visits to the service to check the actions identified were being carried out.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, as well as other operational areas. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We looked at how the registered manager used feedback from people living at the home and their relatives to improve the service. We saw that the manager had sent out multiple choice questionnaires. The results had been analysed. We saw 100% of people or their representatives said they liked/family member liked living at the home. Resident meetings took place every month and the organisation sent a three monthly newsletter to staff keeping them updated with everything that was happening within the providers other locations.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the main part of the building.