Barchester Healthcare Homes Limited

Harper Fields

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

Overall summary

This inspection took place on 4 December 2014 and was unannounced.

Harper Fields opened in September 2012 and is registered to provide personal and nursing care for up to 80 people. The home is split into four units. Three of the units are "memory lane" units and provide care for people with a diagnosis of dementia. The fourth unit is for the "elderly frail". At the time of our visit there were 70 people living in the home.

We last inspected the home in July 2014. After that inspection we asked the provider to take action to make improvements in how medicines were managed and records maintained. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made in the management of medicines and record keeping within the home. This meant the provider met their legal requirements.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Harper Fields. The manager and staff understood their responsibilities for keeping people safe and reporting any observed or suspected abuse. There were plans in place to manage any potential risks to people's health and wellbeing. Staff had received training to de-escalate any behaviour that could be challenging to others. Appropriate arrangements were being undertaken to manage the risks associated with the unsafe use and management of medicines.

There were processes in place to ensure staff received regular training and updates to make sure they had the skills to meet people's needs. How staff were deployed through the home ensured the right skill mix to meet people's needs safely and effectively.

The manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards. These were put into practice effectively and people's human and legal rights were respected. Staff understood issues around people's capacity to make decisions.

People were provided with sufficient to eat and drink and people who had risks associated with eating and drinking had their food and drink monitored. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the caring and patient attitude of the staff at Harper Fields. During our visit we observed friendly and humorous interactions between people and the staff supporting them. Staff understood the importance of promoting people's dignity and encouraging independence.

Care plans were detailed and reflected people's needs, choices and preferences. They were regularly reviewed with the involvement of people and their relatives. Staff used their knowledge of people to deliver care that met their individual needs. People's requests for assistance were responded to without delay.

People told us the service was well managed. Staff told us the management team was accessible and approachable. The manager was keen to encourage the personal development of staff in order to improve the quality of service provided.

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.

People were cared for by staff who knew how to keep them safe by reporting any concerns. Potential risks to people's health were assessed and care plans put in place to manage any identified risks. There were arrangements to manage the risks associated with the management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff were supported to develop their knowledge and skills to meet the needs of the people living at Harper Fields. Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards. When necessary, people were referred to other healthcare professionals to manage their medical needs.

Good

Is the service caring?
The service was caring.

Staff were caring, patient and kind. They understood people's different communication needs and managed them appropriately. People were supported to make choices and their dignity and independence respected.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and reflected people's needs and choices so staff could meet people's needs in a way they preferred. Care plans were reviewed regularly to ensure they continued to meet people's needs. The manager was responsive to concerns raised.

Good

Is the service well-led?
The service was well-led.

Staff felt supported by the management team. The manager was keen to promote a proactive approach to improving the quality of care through the personal development of staff. Quality assurance systems ensured improvements in the home.

Good

Harper Fields

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 4 December 2014 and was unannounced.

The inspection team consisted of three inspectors, a pharmacy inspector and a specialist advisor in nursing.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Over previous months the CQC have worked with the local authority contracts team and safeguarding team in relation to some concerns about the service, particularly around the management of medication at the home. We considered those concerns when planning the focus of our inspection.

Before the inspection we asked the provider to complete 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 improvement they plan to make. The service had completed a PIR as requested.

During our inspection we spoke with the registered manager, the deputy manager and nine staff. We spoke with 11 people who lived at the home, five relatives and two visiting health professionals. We observed how people received care and support in the lounge areas and the dining room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records about people's care and how the home was managed. We looked at care records for 11 people to see how they were cared for and supported. We looked at other records related to people's care including medication records, the service's quality assurance audits, records of complaints and incident and accidents at the home and records relating to staff.

Good

Is the service safe?

Our findings

When we inspected the service in July 2014, we found there was a breach in Regulation 13 of the Health and Social Care Act 2008 and associated Regulations. People's medicines were not always managed so they received them safely. We asked the provider to send us an action plan telling us how they would make improvements. At this inspection, improvements had been made to ensure people received their medicines safely and as prescribed.

We asked people who lived at Harper Fields if they felt safe living at the home. People told us they did feel safe. Comments included: "Very much so." "I feel safe in the home." A relative told us, "Yes, very safe compared to where she was before. The environment is great for people with dementia. There are no stairs, and lots of room to walk around without any concerns for her safety."

Staff had a good understanding of abuse and how to keep people safe. All the staff we spoke with said they had completed safeguarding training and knew what to do if they had any concerns about people. One staff member told us, "I would go straight to [the nurse] or [the clinical lead]. They would look into it and report it. We also have information about safeguarding and the contact number of the local authority safeguarding team displayed on the wall in the staff room and on each unit."

From our monitoring of the service we were aware the manager understood their responsibility under safeguarding procedures. They had appropriately referred any safeguarding concerns to the CQC and the local safeguarding authority.

There were processes in place if staff wished to raise any concerns about the safety of people directly with the provider. Under the whistleblowing policy, staff could ring a whistleblowing line, the number of which was displayed on every unit.

Staff understood how to manage risks such as moving and handling procedures, pressure area care, risks related to eating and drinking and behaviours that could be challenging to others. People who had identified risks associated with their care had assessments completed and care plans in place to inform staff how the risk was to be managed. For example, one person was looked after in bed. There was a risk assessment and plan in place for staff to help the person change position every two hours to prevent pressure areas. Staff knew about the risk assessment and how the identified risks were to be managed. Records confirmed that position changes had been completed as required.

Where potential risks had been identified with people's care, the least restrictive method was used to manage that risk. For example, one person was at risk of falling from bed. They had been provided with a low bed and a mattress by the side of their bed. This had been assessed as less restrictive than bed rails, but still kept them safe from the risk of injury.

Accident and incident forms were completed and analysed to identify any patterns so action could be taken to manage emerging risks. For example, analysis of the forms had identified some concerns around incidents involving people who could sometimes display behaviours that were challenging to others. Staff had attended training which covered distraction techniques and the number of incidents had reduced. On the day of our visit we observed staff were vigilant in managing situations before they led to an escalation of behaviours that could compromise people's safety.

The manager explained that staffing within the home was based on an assessment of people's dependency. They also used the dependency assessment to manage the deployment of staff to ensure there was the right skill mix on each unit. A senior member of staff told us, "There are four staff on this unit which is enough. It does depend on the skill mix, if you get this right then there is always time to sit and talk with people which is just as important as showering someone." Another member of staff said, "If I've got three excellent carers plus a good nurse then it is great. It is the skill mix."

Relatives and staff told us there were enough staff to meet people's needs. One relative told us, "There seems enough staff. The only thing I've found is, although the environment is brilliant for people who live here as there is so much room to walk around and different places to sit, it's very difficult to staff as you need lots of eyes to watch where people are." During our visit we observed a staff presence throughout the home and staff had time to spend with people and engage them in conversations. We found there were sufficient staff to meet people's needs.

Staff and visitors said the home used agency staff to cover vacancies. One relative told us, "It is so important to have

Good

Is the service safe?

regular staff who know [relative] due to their dementia. If it's an agency worker they don't understand how [relative] needs supporting and they don't get the same co-operation. This can make [relative] agitated and confused." The manager explained they had recently recruited more staff, but were still dependant on agency staff to cover some nursing shifts at night. A visiting professional confirmed the use of agency staff had reduced.

The service had undertaken the necessary checks to ensure staff were safe to work with the people who lived in the home. All the staff spoken with told us they had to wait for the outcome of police checks (enhanced disclosure and barring service certificates) and references before starting to work in the home.

We checked the administration of medicines to see if they were managed safely. We found appropriate arrangements were being undertaken to manage the risks associated with the unsafe use and management of medicines. One person told us, "I do take medicine and always get this on time."

Arrangements were in place to obtain, administer and record people's medicines. Medicines were available and medicine administration records (MARs) had been signed to confirm administration, or a reason documented to explain why a medicine had not been given. In particular we found improvements had been made to ensure that medicines prescribed for pain relief to be given on a specific day, were available and administered on the correct day.

A system of medicine checks was in place. We looked at the MAR chart for one person prescribed a medicine that needed to be carefully monitored to make sure they were given a safe dose. We found that arrangements were in place for accurate medicine stock checks. Our checks confirmed the person had been given the medicine as prescribed.

Medicine errors were dealt with immediately in order to learn and prevent the error happening again. There was an open culture of reporting medicine problems. We also found there was shared learning between nursing staff to ensure the error did not happen again.

Good

Is the service effective?

Our findings

People told us they felt confident in staff's abilities. One relative told us, "Staff know what they are doing. I go out (of the home) with a clear mind he is well looked after."

All the staff spoken with said they had regular training and updates to make sure they had the skills to meet people's needs. One staff member told us, "We always have sufficient training, mainly e-learning. We are told when updates are due. A list is displayed in the staff room and on each unit." Staff also received training specific to the needs of the people living in the home such as dementia care and de-escalation training to support people whose behaviours could be challenging to others. One staff member told us, "Any training I want to do, I just ask." A visiting healthcare professional told us the service was quick to request any training that was needed.

During our visit we observed staff putting their training into practice. For example, we observed staff used the correct techniques and procedures when supporting someone to transfer using a hoist. We observed another member of staff reminding a person how to use their mobility equipment to ensure they were safe. Any signs of agitation were dealt with promptly to reduce the risk of it escalating.

Nursing staff were encouraged to maintain and develop their skills. The provider had established a relationship with a local university and were due to start taking trainee nurses who were to be mentored by the permanent nurses. The manager explained this would help the permanent nurses keep their clinical skills up to date and they could put this into their everyday practice within the home. There was also an in-house programme for care staff to obtain qualifications in health and social care. This supported staff in delivering effective care that met people's individual needs.

Staff told us they received individual supervision. One member of staff told us, "I haven't had one for a while but I do get them. I think it may have been about May time. They are done regularly." One nurse who had been working in the home for three months told us they received clinical supervision every two weeks and had also received supervision from the home manager.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. All staff spoken with had completed MCA training and understood issues around people's capacity to make certain decisions. Where people lacked capacity, care files contained capacity assessments and were clear as to what decisions people could make for themselves. Where people were identified as lacking capacity, there was evidence of involvement with relatives or other appropriate people so any decisions were taken in their best interests.

DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager understood this legislation and had submitted a number of applications to the local authority where potential restrictions on people's freedom had been identified. For example, we observed one person standing at the door on the unit where they lived, asking to leave. We checked the person's file and found a DoLS application had been submitted and granted. People's human and legal rights were respected and protected.

People we spoke with told us they enjoyed the food served at Harper Fields. One person told us, "They will give you your preferences with food, for example if you don't want something, they will bring you something else." A relative told us, "The food is brilliant. I am offered a meal when I'm here and it is always good." One visitor told us that if their relative wanted a drink in the night, staff would make them a cup of tea.

During our visit we found people were provided with sufficient to eat and drink. Lunch time was a sociable occasion, and when eating people were heard to say, "Oh how lovely" and "This is nice." Staff supported people to cut up their meals if needed and respected people's decisions if they wanted to do it for themselves. Where people required assistance to eat, this was done in a relaxed, unobtrusive manner. Some people were served their meals in a lipped plate that helped them eat independently. People who asked for more food were served more straightaway.

Good

Is the service effective?

We looked at the care plan for a person who had difficulties swallowing. The speech and language therapist had recommended a soft diet with thickened fluids. At lunch time we saw the person was provided with food and drinks in accordance with their care plan. People who had risks associated with eating and drinking had their food and drink monitored to ensure they had sufficient to eat and drink.

The GP visited the home twice a week and was available outside those times to provide advice and support to staff. A visiting healthcare professional confirmed the home got very good support from the GP practice. A visitor told us the doctor was called to their relative when necessary. Where a need was identified, people were referred to other healthcare professionals such as the district nurses, tissue viability nurse, dietician and speech and language therapy. People's weight was checked and monitored and action taken when weight loss was identified. Both healthcare professionals we spoke with during our visit confirmed that staff called quickly for help and advice and communicated well with them.

Good

Is the service caring?

Our findings

People who lived in the home and their relatives told us staff were caring and friendly. One person said, "They have so much patience, not only with [relative] but with everyone. Nothing is ever any trouble. They treat everyone with the utmost respect." Another said, "The staff are caring." A visitor said, "[Relative] receives fantastic care, [nurse] is great, staff are very special. They smile all day long." A professional visitor to the home confirmed they found staff 'nice and friendly'.

During our visit we observed how staff interacted with the people living in the home. Staff were seen to be thoughtful and kind, checking to ensure people were comfortable in their surroundings. When talking to people sitting down, staff knelt by the side of them so they were on the same level. Staff spoke to people with friendliness and humour and took time to acknowledge and encourage people. One visitor told us, "[Relative] can be verbally abusive to staff at times, staff are very patient and understanding. They know it's her dementia and deal with it very well." We observed one person became slightly agitated. A staff member put their arm around the person, stroked their hand and spoke softly to them. The person visibly relaxed. We observed another staff member reassure a person who was anxious about paying for their breakfast saying, "It's all paid for, you can have as much to eat and drink as you like."

Staff supported people at their preferred pace and did not rush them. A member of staff constantly reminded a person to "take your time" when supporting them to walk. One relative said, "They spend time encouraging and explaining things to [relative]. Sometimes this might take 30 minutes. They never rush, even if it takes quite a while."

Throughout the day we observed people making choices about how they spent their day. We arrived at 9.00am while people were having breakfast. Breakfast was still available at 10.30am for people who chose to get up later. Staff were aware of people's individual communication needs and supported them appropriately to make choices. For example, at lunch time people who were able to read were given copies of the menu, others were shown the different options to help them choose. Staff took time to explain what the meal options were and gave people time to make their meal choices without rushing.

Visitors said their relatives were always clean and well-presented when they visited. During our visit we saw people looked well groomed and were supported to wear clothes of their choice.

People's dignity was maintained. Staff were able to explain how they delivered care to make sure they maintained people's privacy and dignity. We noted tables in the dining room had been set in a manner that maintained dignity and choice. For example, they were laid with tablecloths, napkins, glasses and salt and pepper. Staff called people by their preferred names, offered people aprons to protect their clothes during meals and discreetly asked people about their personal care needs. One member of staff described how they supported people to retain as much independence as possible. They gave an example of a person who was encouraged to make their own hot drinks. We later observed this person making a cup of coffee. Another person told us, "Staff let me do some things for myself."

Visitors told us they were able to visit at any time of the day. There were areas throughout the home where visitors could sit with people as part of the home community or in private.

Good

Is the service responsive?

Our findings

When we last inspected the service in August 2014, we found there was a breach in Regulation 20 of the Health and Social Care Act 2008 and associated Regulations because records were not always accurately maintained. At this visit, improvements had been made in record keeping within the home.

Detailed care plans and assessments were in place and reviewed regularly to make sure staff had up to date information about people's care. The care plans contained information about people's likes and dislikes and how they preferred their care and support to be delivered. Relatives told us they were involved in care plan reviews and their views and opinions were listened to. Relatives confirmed that staff knew about people as individuals. One relative told us, "The home is superb, [relative] is really happy here. Family come every day and spend lots of time here." A person living at the home told us, "Care is excellent, you cannot fault it." A visiting healthcare professional told us that staff were knowledgeable about the people who lived at Harper Fields.

One of the nursing staff told us it was good to have designated staff on the unit so staff could get to know people and build up relationships and friendships with them. They said, "People on this unit all have dementia so it's important they see faces they know and who know them. If not it can escalate people's behaviours and cause distress." Staff told us it was important for them to know people's individual preferences, not just what they liked to eat and drink or how they liked to spend time, but what to do to respond to individual people if they became distressed. One member of staff said, "It's so important to know the people on the unit as each person is very different and you need to know how each person likes to be approached, especially if you need to diffuse a situation."

Staff were responsive to people's medical needs. There were care plans in place to manage specific health conditions, for example catheters and pressure ulcers. One person had a health condition that required their medication to be administered promptly at specific times of the day. We saw an alarm system had been introduced to prompt staff when the medication was due.

Call bells were answered promptly and people's requests for assistance were responded to without delay. One person told us, "When you press the buzzer, they always come."

The home had an activities organiser who had devised a weekly plan of activities. We were told the organiser met with people regularly to discuss the activities people wanted to do. The activities included trips out to the theatre, historical buildings and shops. Entertainers visited the home and there were exercise classes as well as individual activities with people. People confirmed there were things for them to do during the day. One relative told us, "The activities are brilliant. There is always something on offer. There are always lots of photographs to show what [relative] has been doing, lots of trips out." Another relative said, "There are lots of things to get involved with like Tai Chi this afternoon and skittles last night." People's spiritual needs were met through regular services from various denominations.

Relatives told us they had 'residents and relatives' meetings where they could discuss the service provided within the home. One relative said, "I attend when I can, actually there is one coming up."

Concerns and complaints were taken seriously, explored and responded to in good time. People told us they knew how to complain but had no complaints about the service. One person told us, "I would speak with [nurse] or [deputy manager] if I was concerned about anything." Another person told us they would feel comfortable making a complaint and said, "The staff are approachable; they are aware of their responsibilities." One relative told us they had made a complaint which they said had been appropriately dealt with by the manager. Another relative told us about a concern they had raised and they had been "very impressed" with how quickly it had been responded to.

Good

Is the service well-led?

Our findings

People we spoke with told us the home was well led. One person told us, "The manager is always available if you want to see her." Another said, "Yes, it is a very well managed home."

Staff told us they felt supported in their role and understood their responsibilities within the home. One staff member said, "Everybody is so supportive, if you have got any problems you know you can get them dealt with straightaway." All the staff we spoke with told us they enjoyed their jobs. One staff member told us, "It's a lovely home. It is one of the best. I'm working on Christmas Day because I love it so much." Another said, "It is just such a homely feel. I would be more than happy for my nan to come here."

Staff told us the management team was approachable and they felt confident to raise concerns. One staff member said, "Since [manager] took over staff morale has improved. She is always accessible and approachable." Another staff member told us, "These two [manager and deputy manager] are hands on. They like to be involved in everything. [Deputy manager] is my first port of call. All the doors are open. Even if it is just happiness, we can share it."

We found the management team listened to staff concerns and took action to improve the service, both for staff and the people living in the home. Regular staff meetings gave staff the opportunity to communicate their concerns. During our visit we saw evidence that some of the issues raised in those meetings had been addressed. For example, staff had raised a concern that shifts were often changed without giving seven days' notice. Rotas were now prepared four weeks in advance. Another concern had been a lack of activities at weekends. The provider had recruited another staff member to provide weekend activities. The manager told us, "It is important for staff to take ownership of any issues."

In August 2014 the provider had arranged an evening event at Harper Fields to which people who lived at the home, relatives and volunteers had been invited. The final part of the evening was an awards ceremony to recognise individual members of staff for their work at the home. The manager explained that recognising staff achievements was part of their overall plan for the home. They told us, "I would like to feel the trained staff are at a level where they feel confident in their abilities. They are supportive and the training we give them they can cascade down and put into practice, using personal development to drive improvement in the home. We need a proactive approach to improving care rather than maintaining the balance. We are getting there." As part of that development some staff were starting a leadership programme offered by the provider. Other staff were supported to take on external roles which would increase their skills.

The manager was aware of their responsibility for submitting notifications to the CQC. They had also submitted a Provider Information Return as requested prior to our visit. The information in the return had provided us with information about how the service operated and how they met the required standards of care. The information was supported by what we found at our visit.

The manager recorded and analysed issues and incidents such as nutrition, unplanned

hospital attendance and tissue viability. This included a root cause analysis so any preventable actions could be identified and put in place to improve the quality of care provided.

Quality assurance systems were effective at ensuring improvements within the home. For example, medication audits and checks had improved the management of medicines. Care plan audits had improved the level of record keeping with the home. Audits of accidents and incidents had identified training needs that had been addressed and led to improvements in the quality of care provided at Harper Fields. A visiting healthcare professional told us there had previously been some issues around medicines management, but changes had been made and there had been no recent issues.

People and their relatives were encouraged to provide feedback about their views of the service provided. We saw people's comments were positive about the quality of care within the home. Comments included: "They are dedicated to providing care to each individual" and "I would recommend this care home to anyone."