

Scimitar Care Hotels plc

# Hargrave 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

About the service: Hargrave House provides accommodation, care and support for up to 58 older people. The service is split into two wings, Hargrave House which provides residential care, and Alice Grace which provided dementia care. The service is situated in Stansted. There were 56 people living at the service on the day of inspection.

People's experience of using this service:

People and their relatives were complimentary about the care provided at Hargrave House. People received effective care from staff who understood how to recognise and report issues of concern. Staff were recruited safely and there were enough staff to meet people's needs. Risk assessments were in place to keep people safe which also promoted people's choice and independence. People's medicines were managed safely. Incidents and accidents were investigated, and actions taken to prevent any recurrence. The environment was clean, comfortable and safe.

People's needs were assessed prior to them moving into the service to help ensure they were cared for and supported effectively. Staff received relevant training, support and supervision to enable them to carry out their roles and responsibilities. People were provided with a nutritious and varied diet. Staff worked well with external professionals to promote people's health and wellbeing. End of life planning required further development. We made a recommendation that the service consults a reputable source to further develop end of life planning.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The culture of the service was caring and person-centred. Staff were kind and passionate and supported people with dignity and respect. Positive relationships had been formed between staff and people using the service.

People were supported by competent staff who knew them well and supported them according to their needs and preferences. People were involved in how the service was run and encouraged to be as independent as possible. They had the choice to participate in activities which promoted a good quality of life.

The registered manager was visible and approachable. Staff had a clear understanding of their roles and responsibilities. Audits were completed and there were effective quality assurance systems in place to drive continuous improvement.

Rating at last inspection: Good (report published 27 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Hargrave House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection Team:

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Hargrave House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 16 April 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed information received from a local authority. We used all this information to plan our inspection.

During our inspection, we spoke with 11 people and observed interactions with staff. We spoke with the

registered manager, the deputy manager, a senior care worker and five care workers. We spoke with five people's visitors.

We reviewed six people's care plans and three people's medication records. We looked at records relating to training and systems for monitoring quality. We also looked at meeting minutes, staff rotas and complaints and compliments.

# Is the service safe?

## Our findings

### Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm and abuse.
- Staff had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns.
- The registered manager understood their responsibilities to safeguard people and any concerns were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place covering areas such as moving and handling, dementia care and catheter care. Assessments also considered people's choice. The provider had commented in the PIR (Provider Information Return), 'We realise how important it is for people to take informed risks, balancing the need for choice against safety.'
- Where people could become anxious or distressed, guidance was provided on how to safely support the person and staff knew how to respond to reduce the distress or the risk of injury to the person and others.
- Environmental risks were identified, assessed and managed. However, on Alice Grace dementia wing, there was a risk of slipping due to water on the floor of a bathroom which was unlocked and could be accessed by people. The registered manager acted to prevent re-occurrence.
- Equipment such as wheelchairs were checked to ensure they were fit for purpose. However, checks had not picked up worn rubber ferrules on people's walking frames and action had not always been taken where issues had been identified, for example, where seatbelts were missing from wheelchairs. Following feedback, the registered manager took immediate action to ensure that equipment was safe for people to use.

Staffing and recruitment

- Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.
- There were enough staff to meet people's needs, however, we received mixed feedback regarding staffing levels from those living on the Hargrave House residential wing. One person said, "I don't think there are enough staff. When I want help, sometimes there is a long wait, especially first thing in the morning." Another person said, "Staff are very prompt to come and help me in the day. At night, I do not think there are enough people, they are too rushed, I like to get settled properly, it would be better if they could take more time." Despite the mixed feedback, staff were visible, responded quickly and had time to spend with people during our inspection.

- Staff and people's relatives confirmed that staffing levels were adequate. Comments included, "There is enough staff, but it can be a bit hectic and full on," and, "Agency staff come in as well who work alongside us so that makes a difference." One relative said, "I visit [person] at all different times of the day and at weekends, there are always enough staff." Another relative commented, "There is always a member of staff in the dining room and the lounge to look after people. I am very happy with the home."
- Where agency staff were used, the same staff were used to ensure they were familiar with the needs of the people using the service.
- A dependency tool was used to determine the number of staff required to meet people's care needs safely and effectively.
- Spot checks at night were undertaken by the management team throughout the year to check staffing levels and care was adequate. The registered manager checked call bell response times to ensure that people received help quickly.

#### Using medicines safely

- People received their medicines when they should, in a way that they preferred, and staff checked people were happy to take their medicines before administering these.
- There were systems for ordering, administering and monitoring medicines. Medicines were kept securely, and records were completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

#### Preventing and controlling infection

- The environment was clean and fresh. One relative said, "I visit every day, there are never any smells, the rooms are always clean, and the laundry service is good."
- Staff completed training in infection control.
- Information about how to prevent the spread of infection was available in the service and was being followed.

#### Learning lessons when things go wrong

- Systems were in place to analyse incidents and accidents and the registered manager used this to identify themes. Action was taken to prevent any future re-occurrence and to ensure continuous improvement.
- Medicine errors were discussed in senior meetings and measures put in place to reduce any re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service and a care plan was put in place to ensure they were effectively supported.
- Care plans contained information about people's preferences in relation to culture, religion and diet.
- The registered manager supported staff to provide care in line with best practice guidance.

Staff support: induction, training, skills and experience

- Upon joining the service, staff including agency staff received an induction and shadowed more experienced staff which provided them with the knowledge and skills needed to support people effectively. The provider had commented in the PIR, 'Hargrave House believes that a planned programme for the induction, training and development of new staff is essential to ensure good practice and the provision of a high-quality service.'
- Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- People were supported by skilled and knowledgeable staff who received ongoing training and knew how to provide effective support to maximise people's wellbeing. One person said, "Staff are well-trained in dealing with difficult situations and behaviours." Another person said, "Staff are well-trained. There are always two staff assisting those who need equipment to move."
- Staff felt well supported and were given opportunities to review their individual work and development needs through regular supervision meetings. One staff member said, "It is a two-way conversation. We talk about the people who live here, myself and how I'm feeling and what I would like to do regarding promotion or training."

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

- People were supported to maintain a healthy, balanced diet. Drinks and snacks were provided throughout the day. One person said, "On the whole, I enjoy the food. We have biscuits and fresh fruit as snacks."
- People were mostly complimentary about the food. However, one person commented, "It's always sandwiches at suppertime. I would like more variety, it's always the same and I'm tired of it."
- Communication and organisation around mealtimes on Hargrave House residential wing required development to ensure people received meals promptly. One person almost missed breakfast due to a lack of communication between staff and lunch was delivered at varying times leaving some people waiting. The registered manager told us this would be addressed.
- People were offered choices of where to sit, what to drink and what to eat and could enjoy a glass of wine

or sherry if they wished. People were given support to eat where needed.

- People's care plans contained information about their nutritional needs, likes and dislikes. Where people were at risk of losing weight, they were being offered high calorie foods and supplements, and had their weight checked regularly.
- The kitchen staff were knowledgeable about people's nutritional requirements and had worked with a dietician to implement fortified foods.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person said, "I can see the doctor when I want, and the optician comes in." One relative commented, "[Person] can see the GP whenever they want. I'm pleased that the doctor has reduced their medication. The optician and the chiropodist visit."
- Staff and the management team worked effectively with other organisations such as GP's, the district nursing team and dieticians.

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

- The service was spacious with wide corridors. A passenger lift enabled people to access different floors.
- The Alice Grace dementia wing was bright and engaging and had dementia friendly items available to provide additional stimulation and encourage interaction such as a basket of socks for sorting. Each corridor featured a different theme. There were garage scenes with mechanics working on cars and meadow scenes with horses. One relative said, "[Person] loves the garden room which is decorated with flowers and enjoys looking at all the items displayed on the mural of the shop and the post office."
- There was appropriate signage to guide people to the communal areas or to their bedrooms.
- Some areas of the Hargrave House residential wing looked tired and in need of decoration, for example, the staircase and the wood cladding. The registered manager confirmed that there was a plan of continual decoration in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support. People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.

- People's rights were protected, and appropriate applications had been made to the local authority for DoLS assessments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us that staff were kind and caring. Comments included, "The staff are all very friendly, very helpful and caring", and, "The staff are lovely. They are extremely kind and considerate."
- Relatives and visitors were complimentary about the care at Hargrave House. One visitor said, "I think, from what I can see, it is exceptional. The staff are more than kind." One relative said, "All of the staff operate in the same way, they all know [person's] needs and there is a real feeling of care and love about the place."
- Staff supported people with compassion. Staff knew people very well and choice and encouragement was given at every opportunity.
- People could have visitors when they wished, and relatives told us that they were made to feel welcome.
- Staff engaged in meaningful conversation and interaction with people. There was lots of laughter on the Alice Grace dementia wing and the atmosphere was relaxed.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in how they wished to be cared for. One person said, "I have a care plan, I read it and signed it a little while ago."
- People were given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.
- Meetings were held to enable people to express their views about the care provided. Where suggestions were made, action had been taken to make improvements. For example, light weight cups had recently been ordered. Subjects discussed included the menu and activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff spoke to people kindly and maintained their privacy when talking about sensitive subjects such as supporting them to the toilet. They lowered their voices or moved so that they were not within earshot of other people.
- People were encouraged to be as independent as possible. Where people were supported to mobilise, they were given time to do as much as possible for themselves. Care plans included what people could do for themselves and the areas where they required further assistance.
- People's confidentiality and privacy was protected. One person said, "When I have a wash, staff always keep my door closed." Records were stored securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and had information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- Staff provided individualised care and respected people's diversity. One person said, "It is quite pleasant. People come in from different ages and different nationalities and everyone talks to each other." One relative said, "Staff take the trouble to take the time to understand people's individual needs and they accommodate these, whatever they are." People could express their spiritual needs and a church service was held once a month.
- There were two activity co-ordinators in post and activities included quizzes, art therapy and musical entertainment. On Hargrave House residential wing, people mostly chose to occupy themselves. One person said, "I like doing my knitting in the morning and in the afternoon, I play Scrabble with my friend. I like the musical entertainment and playing cards." On Alice Grace dementia wing, the atmosphere was lively and buzzing. One staff member was talking to a person about the news in the paper and pointing out things of interest to encourage conversation. People were having a sing song in the afternoon.
- People were encouraged and supported to take part in things that were important to them. One person said "I like painting. I painted a snow leopard which is in my bedroom." Activities people had participated in included being supported to family wedding, a local lunch club and a singing group.
- There were connections with the local school and school children visited to sing carols at Christmas. the last 12 months, please list any accreditation schemes and initiative
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans identified people's basic information and communication needs.
- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and keeping eye contact to aid people's understanding. One person was supported to communicate using a white board.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service.
- People and relatives knew how to raise a concern and felt able to speak to the registered manager at any time. One relative said, "I have never heard anything of concern, the staff are so loving to all of the people who live here."
- Complaints which had been received, had been investigated and where required, action taken to prevent re-occurrence.

End of life care and support

- Staff worked closely with other professionals such as district nurses to ensure people had a dignified and pain free death.
- End of life care planning required further development to include people's preferences, cultural requirements and their wishes after they died. The registered manager agreed with our findings and told us this was already planned to include further training for staff.

We recommend that the service consults a reputable source to further develop end of life planning.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good oversight of what was happening in the service and demonstrated an in-depth knowledge of all areas.
- The registered manager was aware they had duty of candour responsibility and this was promoted by the provider. They were open and transparent and provided an explanation and apology if things went wrong.
- Staff were aware of the whistle-blowing processes. Although they felt well supported by the registered manager, staff told us they felt confident in escalating any issues they may have with the local authority and CQC if they felt they were not being listened to.
- The culture of the service was caring, and staff were passionate and motivated about supporting people. One staff member said, "It's so nice working with nice people. It is a beautiful welcoming home."
- Staff understood their roles and responsibilities. One staff member said, "Everyone has got their role and we work as part of a team."

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and a good quality of life for people using the service.
- Staff felt that the registered manager was approachable and that the service was well managed. One staff member said, "We all work together. We always communicate, and jobs get done." An agency staff member said, "If you need any help it is always there. The staff are very friendly. I feel like I fit in and I am included. I don't feel like just an agency worker."
- Staff were complimentary about the management team. One staff member said, "I feel supported by my line manager. Their nature and approach and friendliness. They are strict but listen and are fair."
- Team meetings were held. These were an opportunity for staff to feedback views and suggestions for improvement which were considered and acted upon by the management team.

Continuous learning and improving care

- Information gathered from audits and the review of incidents and accidents was used to make improvements. For example, to reduce the risk of falls.
- The registered manager had an open and positive approach to feedback and to developing the service.

There was an ethos of continually moving the service forward.

Working in partnership with others

- The registered manager and staff team worked well with other professionals such as GP's and district nurses to provide joined-up care and support.