

Harrogate Care Limited

# Mary Fisher House

## Inspection report

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Date of inspection visit:  
23 January 2019  
07 February 2019

Date of publication:  
09 April 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Mary Fisher House provides residential care for up to 24 older people and people living with dementia. At the time of the inspection 23 people lived at the service.

People's experience of using this service: The service was under the management of a court appointed administrator. Since their appointment in November 2018 the administrator had acted to meet recommendations and breaches found at the last inspection. Planned improvements were at an early stage and therefore progress on work carried out thus far was inevitably limited.

The registered manager displayed a commitment to providing high quality person-centred care. However, owing to other work commitments they had not implemented effective management systems to achieve this.

We found continued breaches of regulations regarding risk management and governance. Risk assessments were not being used effectively to identify potential risk and measure progress. Effective management systems for the prevention and control of infection had not been established.

Audits undertaken had not always identified where improvements were needed so appropriate action could be taken. For example, in relation to medicines management, environmental and hygiene standards and staffing.

Although staff knew people well some records required updating to reflect people's changing needs or care preferences. Best interest decisions made on people's behalf were not always recorded. We could not be confident people were supported to have maximum choice and control of their lives and staff would support them in the least restrictive way possible; policies and systems did not clearly support this practice. This meant people were at potential risk of receiving inconsistent or unsafe care.

We have identified a further breach in relation to the environment. Areas of the service were being refurbished. However, not all work was completed to a satisfactory standard to meet the law and published best practice guidance. People living in the service had complex needs including dementia care needs. The service had not been suitably adapted to include suitable use of signage and decoration to assist people to orientate themselves.

People had limited access to washing and bathing facilities. Although the registered manager told us boilers were to be replaced at the time of our inspection there was only an intermittent supply of hot water.

We have made recommendations about medicines handling and care planning to incorporate best practice to achieve improved outcomes.

People spoke positively about the registered manager; they felt they received good care and support from

staff. They told us they were treated with respect and dignity and enjoyed the opportunities available to participate in activities.

Rating at last inspection: Requires improvement (report published 1 August 2018). Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve to at least Good. At this inspection we found the provider had failed to demonstrate sufficient improvement in their systems and remains rated Requires Improvement for the second consecutive time.

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

Follow up: We will meet with the nominated individual and the service's administrator following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Mary Fisher 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 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.

Inspection team: One inspector and an inspection manager.

Service and service type: Mary Fisher House is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the appointed nominated individual to act as the main point of contact with CQC.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse; and we sought feedback from the local authority and other professionals who work with the service. The registered manager completed a Provider Information return. Providers are required to send us key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with four people and one relative to ask about their experience of the care provided. We spoke with three members of care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included four people's care and medicine records. We looked at three staff files around staff recruitment and records in relation to training and supervision of staff, records relating to the management of the home and a sample of policies and procedures, maintenance records

and the complaints procedure. Following the inspection, we received feedback from three relatives and a social care professional. We spoke with a specialist nurse practitioner and contacted the local fire prevention officer.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Records used to monitor risks were not well maintained or used effectively to identify potential risk and measure progress. Risk assessments were in place to reduce the risks to people and for some areas, guidance was provided.
- Areas of the service were being refurbished. Progress was limited and not always completed to a good standard. For example, a newly refurbished room had a damaged door, which could compromise its fire worthiness. Checks completed before the bedroom was occupied had not picked up on this issue. We have referred this to the fire and rescue service and asked them to confirm the service meets their specific requirements under the Regulatory Reform (Fire Safety) Order 2005.
- The registered manager told us the administrator had put arrangements in place to for a contractor to check the passenger lift, and report back to them on any work required.
- Effective management systems for the prevention and control of infection had not been established. Areas of the home required a better system of monitoring infection standards to avoid them being missed. For example, furniture such as the bed base in the new bedroom was marked and stained. This room was not fitted with hand wash or paper towel dispenser.

The failure to ensure risks were identified, assessed and well managed was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager had not followed their own safeguarding procedures. Following our inspection, they advised of a safeguarding issue which had occurred before we visited. They had reported this to the local authority and the Care Quality Commission as required, but only after seeking advice from the person's GP first. After speaking with the registered manager regarding this we were confident the delay in reporting was an isolated incident and not a regular occurrence.
- People told us that they would speak with a member of the care staff or the registered manager if they were worried or upset. They felt sure staff would help them solve any problem. One said, "It's lovely here. They look after us."

Staffing and recruitment.

- People who required monitoring owing to their complex care needs placed themselves in situations which could cause them harm; staff were not always on hand to deal with situations in a timely way. The layout of the service and deployment of staff made observation difficult. The registered manager told us they had used a staffing tool, which demonstrated the need for more staff. They were increasing the number of staff on duty with existing staff until they had recruited.

- Care staff answered call bells promptly on the day of our visit. People told us staff came within a reasonable time and they mostly responded positively to requests for support.
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely.

- The same lack of oversight of medicines management identified previously was noted at this inspection. Weekly audits had not picked up on the shortfalls in record keeping. We spoke with a specialist nurse regarding pain relief prescribed for one person. They explained the person may not have received sufficient pain relief to help control their symptoms. They agreed to liaise with the person's GP and the registered manager regarding this.
- Medicines systems were not based on current best practice. For example, where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines.
- Staff had received training in medicine management.

We recommend the nominated individual update the service's policy and practice in relation to medicines management to incorporate current best practice.

Learning lessons when things go wrong.

- Effective management systems were not in place to assess, analyse and ensure action was taken in response to incidents. Accident and incident records were kept in people's individual files, which made information difficult to find. Staff did not always review risk assessments and care plans following incidents. However, incidents were not being routinely analysed for themes and trends so action could be taken to prevent recurrence. An electronic system had been introduced but this was at an early stage of development.



# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Where people lacked capacity relatives confirmed they were involved in decisions made about people's care. However, the registered manager could not demonstrate best interest meetings had taken place through relevant, robust record keeping.
- Assessments did not always detail people's care and support requirements. One person was admitted for rehabilitation with a view to being discharged home. Their assessment did not set out how their rehabilitation was to be achieved or progress measured.
- Care plans were not always updated when people's needs or preferences changed.
- The registered manager had not always considered national guidance or standards before undertaking environmental changes. For example, available guidance from Social Care Institute for Excellence (SCIE) on developing a dementia friendly environment. Where advice had been provided to the service, such as from the local community and infection control team, only limited action had been taken.

The failure to maintain accurate, complete and contemporaneous records and to act on feedback from a relevant person in the carrying on of a regulated activity is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The environment was not suitably adapted to meet people's changing care needs and maximise their independence. Some bedrooms on the upper floor and the shower room on the ground floor could only be

accessed via stairs. The registered manager told us they took account of the location of a room before people moved into the service. Staff assistance was provided for people who could not use the lift independently.

- Not all the bathroom facilities were accessible to people. One bathroom on the top floor was no longer in use. The only communal bathroom contained a bath hoist and was on the first floor. There wasn't enough room in the bathroom for people to use their equipment and staff support required to meet people's needs safely.
- People did not have access to a regular supply of hot water; only one boiler was operational. Although the registered manager said both boilers were due to be replaced a date for this work had not yet been agreed.
- Some bedrooms included ensuite facilities with a toilet and wash hand basin. However, due to the size and design of these areas, space for people who required mobility equipment or staff assistance was limited.
- Appropriate signage was not in place. The service supported people living with dementia. No assessments had been carried out to assess what alterations and adaptations would assist them to orientate themselves.

The premises and equipment were not always suitable for the purpose for which they were being used. This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience.

- Staff practice was not always consistent.
- The registered manager had a training planner to monitor staff training completed and training required. Staff were completing distance learning courses. The registered manager knew some staff had not received as much supervision as others owing to pressures to staff the service on a day to day basis. The lack of management focus is referred to in more detail in well led.

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

- People received meals which met their dietary requirements and people told us they enjoyed the food provided. One said the food was, "Excellent."

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

- Staff were knowledgeable about people and responded to people's health care needs. Referrals had been made to a range of health care professionals when required.

# 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.

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

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

- People told us they were treated with kindness; they were positive about the staff's caring attitude. A person told us, "We want for nothing here." We received feedback from relatives which supported this. One said, "I am very happy and impressed with the care given to each individual resident."
- There was a very warm and relaxed atmosphere in the activity session we observed.

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

- People told us they felt listened to. The registered manager knew when people wanted help and support and such assistance was provided promptly and willingly; relatives confirmed they were kept informed and were consulted appropriately. No one was using the services of an advocate when we visited. The registered manager had an understanding of when advocates may be required.
- People were included in discussions about the service. For example, they told us they were consulted about the purchase of new curtains and recent decorations.
- We saw some positive interactions, which showed staff had good relationships with people and knew them well. In these cases, staff provided people with timely support when they appeared anxious or upset. We also observed some staff did not always respond to people living with dementia in a supportive and helpful way. We discussed this with the registered manager and have referred to this in more detail in well led.

Respecting and promoting people's privacy, dignity and independence.

- The registered manager and staff were committed to provide the best possible care for people.
- People's dignity and privacy was respected.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. One said, "The atmosphere is always great and very welcoming."

# Is the service responsive?

## Our findings

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

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 not person-centred and did not always accurately reflect people's care needs. Staff knew people well. The registered manager acknowledged care plans were confusing and difficult to navigate.
- Relatives felt the staff were responsive. One relative told us, "Staff tackle problems effectively and have clever ways of adapting to the individuals in the home."
- Staff engaged people in activities and relatives were complimentary about the activities on offer. One told us how staff gently coaxed their family member to participate in activities so they didn't become isolated in their bedroom. We saw people were engaged in activities and discussions about current events. The activities coordinator who ran these sessions was inclusive, listened to people and helped everyone no matter how quiet to join in with the conversation. People clearly enjoyed each other's company; they shared reminiscences and there were lots of friendly conversations.

We recommend the nominated individual review care plans to introduce a more person-centred feel and a clearer layout.

Improving care quality in response to complaints or concerns.

- People told us the registered manager dealt with any issues they raised quickly.
- When asked, the registered manager initially had difficulty finding the complaints folder. They explained a previous area manager could have removed these, together with some other documents. We discussed contacting the manager for the return of these documents and have referred to this in more detail in well led.
- The complaints procedure needed updating to include the present management details and to ensure it was made available to people in larger print or other formats as needed. The registered manager told us they would review this.

End of life care and support.

- Care plans included some information in relation to people's wishes regarding end of life care; these had not always been updated in response to people's changing needs and circumstances. It was evident the registered manager knew people very well and was respectful of people's individual cultures and beliefs.
- Staff worked closely with other professionals to make sure people received coordinated care.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Since the last inspection the provider had been taken under the management of a court appointed administrator. The administrator and the registered manager demonstrated a commitment to provide person-centred, high-quality care.
- The registered manager had a clear vision for the service; they were more actively involved in the running and development of the service than they had been in the past. They reported the administrator was supportive and felt circumstances had improved since they took over the operation of the service.
- The quality assurance system was not yet operating effectively. Audits used to monitor and improve the quality and safety of the service had not picked up on issues we identified. For example, regarding infection control, medicines management, risk assessments, care plan audits and records relating to the Mental Capacity Act 2005.
- The registered manager understood management systems needed to be developed. However, they said factors such as staffing had impacted on the time they had to focus on their management role.
- Records were not well maintained or organised; there was delay in finding records we wished to examine. A previous manager had removed environmental risk assessments and this had caused further delay because records had to be updated. We asked the registered manager to contact the administrator so they could ask for the return of these.
- The registered manager had introduced an electronic spreadsheet to record falls. However, this was at an early stage of development. They had not put in place systems to analyse the information or record the required action to prevent further falls and monitor impact.
- Information regarding the service was not up to date. For example, essential information regarding the service including the complaints procedure needed updating. The registered manager agreed to update these records.

The failure to maintain up to date, accurate records and lack of robust quality assurance meant people were still at risk of receiving poor quality care. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People told us the registered manager was approachable and involved them in their care; staff said they were supportive.
- Relatives told us the registered manager positively encouraged feedback and acted on it to improve the service.
- Health professionals felt there was a positive working relationship between the registered manager and themselves.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There had been a failure to assess and mitigate the risk to people who used the service. Environmental risks had not been assessed.</p> <p>Regulation 12(1), (2)(a), (2)(b), (2)(d), (2)(e), (2)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Equipment and premises were not always suitable to meet the needs of people using the service.</p> <p>Regulation 15 (1) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality and safety of the service had not been established and operated effectively. The systems in place to monitor and improve the service were not effective.</p> <p>Accurate records were not being maintained. Regulation 17 (1), (2)(a), (2)(b), (2)(c), (2)(d)(i)(ii), (2)(f)</p>

