

Mrs Mavis Turner

Harvelin Park

Inspection report

2 Harvelin Park
Lee Bottom Road
Todmorden
OL14 6HX
Tel: 01706 839888
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 7th August 2015. The inspection was unannounced.

Harvelin Park offers personal and social care for younger adults with learning disabilities. The home is an attractive bungalow set in a peaceful area of the Calder Valley. The provider of the service is also the registered manager. A permanent home is offered to five people.

There was a registered manager in place. 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.

Safeguarding information and contact details were easy to access. Posters encouraged reporting of potential abuse and the details of who could be contacted were present on notice boards. The service had a safeguarding policy in place. Staff told us they would report any

Summary of findings

concerns. Staff felt their concerns would be listened to and actioned. Staff received training on safeguarding and were able to tell us different types of abuse and the warning signs they looked for.

People's care records and risk assessments were kept up to date and reflected people's current needs. Identified risks were supported by measures to reduce or remove the risks. Staff told us about people's care records and associated risks.

The rotas showed us a sufficient number of staff were deployed to meet people's needs and safeguard them from risks. People told us staff supported them and met their needs.

People's medicines were administered in a safe way. People received their medicines in line with their prescription. We found medication administration records were signed correctly. Medicines were stored appropriately in a cupboard. People had 'as and when required' (PRN) medicine. These medicines had a protocol sheet advising staff when these could be administered.

Care records were person centred and reviewed monthly as a minimum or when someone's needs had changed. Care plans included people's personal preferences, likes and dislikes. Where appropriate people's families had signed to say they supported the care records.

We saw people were supported to maintain good health and had access to healthcare professionals.

People were supported to do as much as they could for themselves to improve their independence. We saw people had individual menus to ensure the food provided met their preferences.

We spent time observing care and support being given. Staff were seen to treat people with respect and dignity. Staff had developed relationships with people so they appeared comfortable, at ease and shared interactions and laughter with staff. We saw staff asked people what they wanted to do before they did it. If people refused their decision was respected.

We spoke with two staff members who told us they had confidence in the registered manager and believed any concerns would be listened to, recorded and actioned. People that used the service told us they liked the registered manager and felt any issues they raised would be resolved.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. We saw referrals had been made for people that had been deprived of their liberty. The service was acting within the legal framework of the Mental Capacity Act, including meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

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.

Staff knew what safeguarding was, warning signs for abuse and what action they would take if they suspected abuse.

People received medicines according to their prescriptions. Staff administered medicines for one person at a time and explained what they did.

The provider had safe recruitment procedures in place. We saw staff had received criminal background checks to ensure people were kept safe by staff of suitable character.

Good



Is the service effective?

The service was effective.

Staff received mandatory and specialist training on a regular basis.

Staff told us they were supported by the manager. We saw people had regular supervisions and team meetings.

We saw people were given a range of options at mealtimes. We looked at the menus and saw a balanced diet was provided. We observed practice during lunch time and saw people had sufficient food and drink of their choice

We observed people were asked for their consent before staff started supporting them.

Good



Is the service caring?

The service was caring.

We observed staff supported people in line with their care records. People told us staff knew them and respected their privacy and dignity.

People were involved in the planning of their care. Care plans were easy to follow and contained information about people's life histories and personal preferences. This information was used by staff to provide person centred care.

We saw staff knew people's likes and dislikes and had built up professional relationships with the people using the service.

We saw people were offered choice where they could not make an independent decision. Staff told us they supported people to make choices for themselves.

Good



Is the service responsive?

The service was responsive.

Reviews were completed on an annual basis unless someone's needs changed when they were done more frequently.

Care records included people's personal preferences, likes and dislikes and people's needs were fully assessed.

Good



Summary of findings

Complaints procedures were accessible and complaints responded to appropriately and within timescales.

Is the service well-led?

The service was well led.

The home had a registered manager in place.

We saw the service had systems in place to manage and learn from complaints or shortfalls.

The registered manager told us they had a system in place to relay changes in policies and procedures to all staff.

We saw staff meetings were held on a monthly basis. From these meetings the manager drew up an action plan. The action plan stated date to be completed and who was responsible for its completion. This provided us with assurance that the service was committed to continuous improvement.

Good



Harvelin Park

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 7th August 2015 and was unannounced.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the home. This included a review of the Provider Information Return (PIR). The PIR 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.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Harvelin Park. We spent time with three people who lived at the service. We looked at records, met with staff and conducted general observations.

We looked at the care records for three people, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms (with their permission), bathrooms, kitchen and lounges. We spoke with two people who used the service, two members of staff a visitor and the registered manager. We spent time observing care and support being delivered. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff supported them both in and outside of Harvelin Park. One person told us, “I like living here, it’s great” and, “I’m safe here, I get well looked after.”

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident. One staff member talked us through the process if they had to raise a concern. We saw on a notice board a whistleblowing poster with contact information for the Care Quality Commission (CQC). One staff member told us they would not hesitate to contact the relevant authority if they had a concern. Staff said they were able to speak with the registered manager if they had a concern. Risks were assessed and management plans were put in place. Where people displayed behaviour that put themselves or others at risk this was included in the support plan. Information about what may trigger risky behaviour and what staff should do in response was also recorded. Staff we spoke with were knowledgeable about this. Many of the staff had worked at Harvelin Park with the people who lived there for many years and knew how to diffuse a potentially risky situation or incident.

space

We looked at how the home was staffed. Staff told us the staffing numbers were sufficient and we saw that there were no shortfalls in staffing levels. One member of staff told us that at Harvelin Park there was always three staff both on the morning and afternoon shifts. We looked at the rota’s that covered the previous eight weeks which confirmed at least three members of staff working per shift at all times. On a night time there was always two staff on duty. During the inspection we observed care and found there was adequate staff to meet people’s needs, for example in supervising communal areas and attending to people when they needed assistance. Our observations showed people were supported consistently and safely by sufficient numbers of staff; this support was given at a time when support was needed and requested by people. The registered manager showed us how they managed the rota system to ensure that experienced staff were always on

each shift. This helped to ensure the staff team had an appropriate level of skill and knowledge at all times. This showed us appropriate procedures were in place to help keep people safe.

We looked at how staff were recruited. We checked three staff files. We found the appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people. Staff files included copies of application forms, at least two references and identification for prospective employees. New employees had a formal interview. Disclosure and Barring Service (DBS) checks had also been carried out prior to new staff working at the service. DBS checks are a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assisted Harvelin Park management to make safer decisions about the recruitment of staff.

We looked at how medicines were managed in the service. Medicines were kept secure in a locked cabinet. We checked a sample of medicines in stock against the medication administration records (MAR) and found these were correct. During our visit we checked inside the medication cupboard. We saw it was kept in an orderly manner. We observed staff asked for people’s consent before administration and provided them with drinks as appropriate to ensure they were comfortable in taking their medication. Staff did not leave the person until the medication had been taken. Staff then returned to sign the MAR to ensure medicine administration was recorded correctly. This helped reduce the risk of errors and our findings indicated that people had been administered their medicines as prescribed. We saw that all lotions and creams were separately and appropriately stored and were dispensed to named people. Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date. A risk assessment recorded people’s agreement and wishes around support with medicines. As and when required medicine (PRN) was monitored by staff and documents were in place that supported this practice. For example we saw a PRN protocol sheet for staff to follow. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drug records were accurately maintained.

Is the service safe?

We completed a tour of the premises as part of our inspection. We took the temperature of water from taps in two bathrooms and people's bedrooms and found them to be comfortable. Inspection of the maintenance files showed that the hot water temperatures were regularly checked and thermostatic valves recalibrated as necessary. We saw fire-fighting equipment was available. During our inspection we found the fire escapes were kept clear of obstructions.

We saw that windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in

relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used. All people living at the service had their own bedrooms.

We inspected records of gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person.

We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

Is the service effective?

Our findings

People's needs were assessed and people had a care record which was created with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

We asked people if they thought the staff had the right skills to support them and they told us they did. One healthcare professional told us they were confident the home provided effective care for people. For example they told us, "Staff have good knowledge of the people living in the home" and, "I would recommend this service to other people."

space

We spoke with staff about their training. Staff told us they completed mandatory subjects such as, moving and handling, infection control, food hygiene, health and safety, medicines, and safeguarding. We looked at the training matrix for the six staff that worked at the service. We saw that all mandatory training had been completed by all the staff within the recommended time frames for each training course.

We saw future training courses had been booked. We saw how any new staff had completed their induction supported by experienced staff. We saw staff attended regular supervision meetings and had an annual appraisal. In these meetings staff discussed their induction, training needs and on-going learning with the registered manager. This showed us the service had an effective training system in place that identified when people required training and if any training had been missed.

Staff told us they received a good level of support with their day to day work and also their professional development. A number of staff had a NVQ (National Vocational Qualification)/Diploma in Care as part of their formal learning in care.

People told us staff always asked them what they wanted before they did it. We saw staff knocked on doors and called when entering someone's room to announce their presence.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. We

looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Our scrutiny of people's care records demonstrated that all relevant documentation was securely and clearly filed, and fully completed.

Staff with whom we spoke said they had received training in the MCA and specifically on the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good understanding of the Mental Capacity Act and DoLS. Throughout our inspection we observed staff obtaining people's consent before providing care and support. We looked at three care records and saw mental capacity assessments were in place detailing whether people had capacity to make decisions for themselves.

Records showed that arrangements were in place that made sure people's health and social welfare was protected. We saw evidence that staff had worked with various agencies and made sure that people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, dietician's, speech and language therapists and dentists.

Staff and told us they were good at accessing outside professionals. We saw evidence the service had regular contact with GP's, and a Neurologist, and on the day of inspection a reflexologist was in attendance.

The health professional we spoke with said there was good multi agency working which supported people that used the service. Information in relation to healthcare visits were also mentioned in the staff handover so staff were aware of any advice or key risks. This helped to ensure people's healthcare needs were met.

People's nutritional needs were met. We asked people using the service if they liked the food. One person told us, "Yeah" and another person said, "I like the food." People were given options of what they wanted to eat. For example, we observed at lunch time one person asked for soup. Staff then prepared soup from fresh ingredients and the person had lunch outside as it was a nice day.

During lunch we saw people were offered a range of different foods, this showed us people had a choice of what they wanted to eat. There was a pleasant atmosphere at lunch with staff engaging with people in a friendly way and

Is the service effective?

food was served and supported in an unrushed manner. We looked at the menu which confirmed there was sufficient choice. The menu was completed with pictures so those who found it difficult to interpret written information could indicate their choice. We saw in one person's care plan they preferred a softer consistency of food, staff were aware of this and took this into account when preparing meals. Throughout the day of inspection, we saw staff asked if anyone would like a drink and encouraged them to make it showing the service promoted independence. There was always a selection of hot and cold drinks available to people.

People who lived at Harvelin Park had their weight monitored on a regular basis and any gain or loss was recorded. For example one person whose weight had decreased had been referred to the GP and investigations found they had a dairy intolerance. The registered manager then implemented a special diet which contained soya milk and the person's weight began to increase.

Is the service caring?

Our findings

We observed staff and people in communal areas and observed that there was a calm and settled atmosphere. Staff spoke quietly and encouraged people to participate in conversations.

Staff demonstrated a very good knowledge of people's needs, preferences and past clinical histories. This knowledge was used continually to foster an environment which was conducive to people's needs.

During our inspection tour of the property we noted that staff knocked on doors before entering people's rooms, thus demonstrating staff respected people's need for privacy.

We saw that all personal information about people receiving care was kept confidential and only accessible to staff involved in care.

We looked at support plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in a person centered way. The care plans were written in a personalised way created by the person, staff and relatives where available. For example one person's plan says they liked to listen to music in their room. The care plans included different sections on how to work with someone, their needs, likes, dislikes what activities they liked to do and what was important to them. Staff were able to describe different people and what care was required. One member of staff described how she spent time every day helping people with activities. One person who lived there liked to help staff around the house and they enjoyed putting out the recycling and liked to help make drinks for people but was supervised when doing this.

We observed that there was a richness of positive, caring relationships between staff and the people who used the service. All staff spoke passionately to us about the people they supported and it was clear that the staff were well-informed about people's needs.

One person told us they felt listened to by staff and were involved in decisions in relation to their care.

During our observations we noted how much staff and people who used the service were enjoying each other's company. For example whilst playing on the computers

people were laughing and smiling and it was clear that they were enjoying themselves and having fun whilst being supported by staff. Another person had problems which speech that was difficult to understand, however the staff member who was supporting them was able to quickly know what they meant. One member of staff described in some detail to us how they showed people they cared about them, whilst maintaining appropriate professional boundaries.

We saw evidence of personalised bedrooms and decorations people had chosen for the communal areas. People that we spoke with confirmed that they were offered the opportunity to personalise their bedrooms.

Care plans and daily records of care given demonstrated that known circumstances which triggered challenging behaviours were well documented. Explanations in care plans showed that practical interventions were carried out by staff to ensure people were not distressed.

We found staff treated people with dignity and respect and displayed a caring manner. For example we saw staff ask if they wanted to use the computer. Staff encouraged them to make their own decision and offered options so the person could choose what they wanted to do.

People living at Harvelin Park had communication difficulties. We observed staff ensured all verbal communication was clear and care was taken not to overload people with too much information. We saw picture cards were being used for options of activities and menu planning. We spoke with staff who told us they had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings.

One staff member told us, "We try and provide a high standard of care" and "People have a good quality of life here." Another staff member told us, "I always treat people how I would want to be treated."

Information about independent advocacy services and how to contact them was also available at the service. We saw evidence that one person who lived there had access to an advocate. The reregistered manager told us that if anyone needed an advocate then they would arrange for one for them.

Is the service responsive?

Our findings

We looked at three people's care records. Their support plans and care records provided detailed information about people's health, social background, their preferences, choices, behaviours, communication and how they wanted their support to be given. Examples of the records held included; medical history, health professionals and medication. People and their families told us they were invited to meetings about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on an annual basis or as and when someone's needs had changed.

People were asked about the things that were important to them. For example, it was important for one person to stay in a particular room, to have a radio in their room and certain items of food and drink. Plans of care were focused on the person and included their individual preferences.

Where people displayed behaviour that put them or others at risk the provider took appropriate and proactive action. People were asked what made them angry or upset and how staff could help them during these times. This was recorded in care records and staff knew about this

We saw people had their needs met in line with their care records.

Care records were signed by people (where able) to support their inclusion in the planning and delivery of their care. These were subjected to regular review to report on any changes to the support plan. Annual care reviews were undertaken with people, their relatives, advocates and health professionals to ensure their care needs were being met

We spoke with the registered manager who told us people living in the home had access to a range of activities such as going out for lunch, going for walks and playing games on the computer. Harvelin Park had recently had an extension built next to the bungalow. The basement had been converted into a computer and activities room. On the day of inspection three of the people who lived there were enjoying activities with staff in the computer room

The registered manager told us if people wanted to give a comment or complaint, they were supported to do so. They told us any complaints were fully investigated. At the end of the complaints process, people were asked if they were happy with the outcome and this was recorded. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and we saw there were no complaints in 2015.

One visitor we spoke with said, "I have no complaints at all, being coming here years and it is the best care anyone could wish for."

Is the service well-led?

Our findings

The home had a registered manager in post. We received positive feedback about the registered manager from staff and people who lived at the service. Staff told us the registered manager was 'supportive' and ensured quality remained high in the service. Staff said they did not feel uncomfortable approaching the registered manager. One member of staff said, "I like the manager, she listens to me." Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to provide a good quality service for people who lived in the service. During the inspection we saw the manager participated in care and support tasks. The manager was able to tell us in detail about daily life in the home. This showed us they had a good understanding of how the home operated.

The service had a number of systems in place to monitor the quality of the service provided and improve practice. The deputy manager told us a number of audits on how the service operated were completed. This included health and safety checks of; the environment, financial, cleanliness, incident reporting, training and development, fire prevention and medicines. We looked at a recent audit and saw the manager had signed off actions as they had been completed showing that the required improvements were being made. We looked at the training and development audit which provided an example that audits

had improved practice. This had identified new staff members needed to have Mental Capacity Act (MCA) training. We saw that now MCA training was included in the induction and all staff had now completed training in MCA.

The records we requested and saw were up to date and kept in good order. The service's policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. The manager notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with legislation concerning statutory notifications.

Policies and procedures were in place which included an employee handbook which described the values of the organisation and the expectation of staff and their responsibilities. These helped to ensure staff worked to consistent protocols and to help them to provide a consistent level of care and support.

Staff received supervision on monthly basis which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the way the service was run. The registered manager told us they carried out competency checks on all staff to check they were working in the correct way and people living in the service were well looked after.

The registered manager told us they had an open door policy and people living in the home; relatives and visitors were welcome to contact them at any time.