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Harker Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 24th February 2015.

Harker Grange Nursing Home is registered with CQC to provide accommodation for up to 26 people who may require nursing or personal care. The home is also registered to provide the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

The accommodation consists of 12 single bedrooms, one of which has en-suite facilities and seven twin bedded rooms. The home has a variety of communal facilities such as lounge areas, bathrooms and toilets.

The home has a registered manager. 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 and associated Regulations about how the service is run.

We judged that the service was not safe because one staff member had not had suitable background checks prior to working with vulnerable people. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Staff had appropriate training and were confident about how to protect people from harm and abuse. Staff, people in the home and visitors told us they had no concerns about abusive practice.

Suitable staffing levels were in place but we asked that the registered manager look at how staff were deployed at meal times so that people were given their meal in a timely fashion.

Medicines were managed appropriately with staff receiving up to date training. Good infection control measures were in place.

The service was effective because staff were suitably trained and supervised. The home had suitable disciplinary procedures in place. The management team understood their responsibilities under the Mental Capacity Act 2005.

People were given nutritious food and special dietary needs were managed well.

The premises was being upgraded and developed to ensure it met people's needs.

We saw that the care team treated people with dignity, sensitivity and respect. We heard from people in the home and their relatives that support was given in a caring manner. The staff understood matters of equality and diversity. People were encouraged to be as independent as possible. End of life care was managed well.

We judged that the home was well led. The registered manager was well known to people in the home and their relatives. The staff team respected the registered manager, understood their roles and responsibilities and said they had appropriate support.

Quality monitoring systems were working well. The providers visited the service regularly and had an overview of the way the home was operating.

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 not safe.

The arrangements for recruitment did not ensure that staff had suitable background checks prior to starting work with vulnerable people.

Staff deployment needed to be reviewed around meal times.

Medicines were well managed.

Requires Improvement

Is the service effective?
The service was effective.

Staff were suitably trained and developed in this service.

The registered manager had a good understanding of responsibilities in relation to the Mental Capacity Act 2005.

The home provided people with nutritious food and managed special diets correctly.

Good

Is the service caring?
The service was caring.

The care team treated people with dignity, sensitivity and respect.

People were encouraged to be as independent as possible.

End of life care was managed well.

Good

Is the service responsive?
The service was responsive.

There were good indivualised care and nursing plans in place.

People felt that activities and entertainments were suitable.

Complaints were managed appropriately.

Good

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

The service had a suitably experience and trained manager. Staff were aware of what was expected of them.

There was a good quality assurance system in place and this was working effectively.

The providers had an overview of how the systems were working in the service and visited regularly.

Good

Harker Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24th February 2015 and was unannounced.

The inspection was conducted by one adult social care inspector who was supported by a specialist nurse advisor with experience of the nursing care of older adults and people with chronic illnesses. The inspection team also included 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 service. This person had experience in the care of older adults and of dementia care.

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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

Before the visit we had also reviewed evidence from information the home had sent us, some information from members of the public and from people who commissioned both nursing and social care. We followed themes from this information during the visit.

We spoke with 19 people in the home, nine visiting relatives and friends and six members of the care, catering and housekeeping staff. The inspector spoke at length to the registered manager, one of the providers, the general manager and the manager responsible for the environment.

We had discussions with two visiting professionals.

We observed care and support during the day. We read a total of seven care files in depth and we looked at another 12 care files to confirm what we had seen in practice.

We looked at all of the records related to medicines and checked seven medication records with care plans. We looked at five staff files to judge how recruitment and induction was carried out. We looked at four further files to ascertain how staff were developed in their roles. These included nurse files. We checked on four weeks' worth of rosters.

We looked at the policies and procedures and checked on the records of quality audits. We saw fire and food safety records and audits of these processes. We received information about future planning from the company.

Requires Improvement

Is the service safe?

Our findings

The people we spoke to told us that they felt safe. One person said: "The staff are excellent…absolutely no worries." We met people who were relaxed with staff and who told us that everything in the home was "fine", "all right…nothing to be worried about". We had positive responses about the staff, the environment and the administration of medicines. One person said: "I take my own pills myself…the girls check to see that I do it right."

We looked at staff files and checked on recruitment procedures. We also asked the provider and the business manager about recruitment. Some recruitment had been done appropriately. However we found that one new member of the team had been working in the home without the appropriate checks. The checks on their criminal record had been applied for but not returned. This person had been working with only a check on the list that is kept about staff who have been dismissed from another care environment. We discovered that references were not robust enough to confirm that this person was appropriate for their role.

We found that the registered person had not protected people against the risk of unsafe or inappropriate care because recruitment procedures had not been followed correctly. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we looked in staff files we noted that suitable disciplinary action had been taken when there had been concerns over practice, attitude and efficiency. Policies and procedures were in place.

The registered manager understood how to make a safeguarding referral if she suspected that a vulnerable person was being abused. The staff had received training on understanding what was abusive and could talk about their responsibilities. The home had guidance on how to make a referral to the local authority. Staff told us that they were comfortable discussing any concerns with the manager but could also contact the provider.

We also spoke with visitors and one person said: "I have been visiting for a year now I have never seen anything untoward. It's a nice place." Another relative said: "I come at all times and have never seen anything to worry to me."

We asked the staff on duty about staffing ratios. We observed the staff during the day and we noted that they were very busy because the dependency levels were high. We judged that at some times in the day some people in the home had to wait a little for attention. We spoke with the registered manager and one of the providers about this. We judged that people were given good levels of support but we asked the provider and the manager to look at staffing levels and deployment of staff. The main issues were around meal times and a discussion was held about changing arrangements slightly around meal times. The provider agreed to revisit these arrangements.

We looked at medicines management in the home. We observed the registered manager giving medicines appropriately and in a timely manner. People were reassured and given appropriate explanations when they were given their medicines. We looked at the records around medicines and found these were kept in an orderly fashion. Nurses in the home received training and competence checks. We went into a very well organised treatment room and saw that medicines were stored correctly. We noted that equipment for testing was readily available as were some medicines and equipment for end of life care. We checked on ordering, storage and disposal of medicines and this was being done correctly.

We walked around all areas of the home at 8.30 in the morning. We also spent time in all areas of the home during the day. We found that the environment was clean and tidy. Good infection control measures were in place. The home was safe and secure and there were appropriate risk assessments and risk management arrangements in place to keep people safe in the building.

Good

Is the service effective?

Our findings

We spoke with people using the service who told us they were happy with the staff in the home. One person said: "The girls are lovely, they look after me so well." People confirmed in discussion that the staff had suitable skills. Another person said: "I trust the manager and the nurses…they know how to treat me." A person with very complex needs told the specialist nurse advisor: "I receive really good care and treatment as the nurses are good at their job."

All three members of the inspection team spoke to the manager and all of the staff on duty. We met staff who had a good knowledge of each individual person in the home and also had a good understanding of their needs and wishes. One visiting relative told us: "The staff are very good with my relative…I think they know their job".

We asked for and received a copy of the training matrix and we saw that staff were trained in the basic training that the providers considered necessary. This included safeguarding, moving and handling, infection control, the delivery of care and an understanding of mental health needs. The manager said that the provider had a set plan for both the homes they owned. We saw that the staff could access e-learning about a wide range of topics and that face-to-face learning with external trainers was also available.

We noted that long-standing staff had received training on understanding their responsibilities under the Mental Capacity Act 2005. Assessments of capacity had been done. The registered manager was aware of how to make a referral if she judged anyone was being deprived of their liberty. We saw written evidence to show that the manager had asked for advice from the community mental health team where necessary.

We observed staff asking people for their consent for care interventions. We saw one file where the person had recorded their consent to treatment. We also saw that the registered manager confirmed lasting power of attorney with relatives and we saw written evidence to show that relatives were suitably consulted where appropriate.

We looked at records of supervision and appraisal and saw that these were up-to-date and detailed. Staff confirmed that they had formal supervision with the manager or the deputy. They also told us that they could ask for support at any time and that the nursing team give them informal supervision while they were working. The registered manager told us that there was one day a week when she was the nurse in charge so that she could ensure that the delivery of care was appropriate.

We saw good written communication records in place. We noted that communication with other professionals was being done appropriately. On the day we heard the registered manager on the telephone with hospitals, GPs and community nurses.

We looked at nutrition in the service. We observed breakfast and lunch and we saw well prepared food being served. One person said: "The food is lovely, all homemade and plenty of choice." Another person said "The food is really delicious. "The liver was so tasty and we get scones at coffee time and nice cakes later. I am very well fed."

A visiting relative of a very frail person told us: "They don't purée everything altogether, it is all separate on the plate, so much nicer [my relative] can enjoy everything." Another said: "The food is good. My relative can't eat much now but likes salmon and they give them little bits to try to tempt them."

People were given dietary supplements and suitable nutritional assessments and plans were in place. People were weighed regularly and the advice of dieticians, speech and language therapists and other experts was taken.

Harker Grange was an older property that had been adapted to meet the needs of older people. The providers were aware of some of the limitations of the building. They employed a maintenance manager who spoke to us about their ongoing adaptation and changes to design. For example there was planning for the upgrade of one bathroom which currently did not meet the needs of people with restricted mobility. We saw examples around the home of updates and improvements taking place in all areas. We received a plan for upgrades to the building after our visit.

Good

Is the service caring?

Our findings

We measured this outcome by talking to people about how caring they felt the staff team were. Our expert by experience had a number of in-depth conversations with people who told her. “The staff are really nice.” “The girls who work here are lovely, very caring and treat us properly.” “A very caring group of people.” Another person who had only been in the home for a few weeks told the inspector: “It is lovely here…the girls are so kind, it couldn't be better”

All three members of the inspection team observed sensitive, dignified and respectful care and support for the very vulnerable and frail people who lived in the home. We saw and heard staff dealing with people patiently and cheerfully. We spoke with staff and we judged that they had a caring approach. Staff understood matters of equality and diversity. Staff used humour and affection in an appropriate manner.

People told us that there were regular residents’ meetings where they could voice their opinions. Their relatives could attend these meetings. Visitors told us: “We are very happy with the care here. The girls are lovely with my relative.” “The girls are so good…nothing fazes them.” “These girls have got the patience of a saint.” “They are so kind to my relative…”

The registered manager could access an advocate for any person who wanted or needed this support. A number of people in the home wanted their close relatives to be their advocate and we saw evidence to show that this happened.

We saw in care plans that people were encouraged to be as independent as possible. This ranged from managing medicines to doing their own simple care tasks. People could choose how to spend their time. One person said: “You can please yourself what you do and my family can come anytime.”

We had evidence to show that people who lived in the home could, if necessary, spend their last days in the home. We saw that the nursing team could manage the nursing procedures necessary to keep people comfortable during their last days. Some staff had received training on end of life care and further training was planned. We looked at one person's notes and we saw that the registered manager had consulted health care professionals because this person was nearing this stage of life. We noted that arrangements were in place for both practical and emotional support for this person and their family.

Good

Is the service responsive?

Our findings

Our expert by experience spoke with a number of people about how responsive they judged the service to be. They told her that they received the care and support they needed. One person said: “I get all the help I need and want. I need a lot of support but it is given to me in the way I want.” Other people said that they “Don’t want for anything…everything I need is here.”

The inspector spoke to someone they had met in another service. This person said: “This place is so much better…anything you want or need …everyone… the maintenance man, the cook and the nurses and carers…you ask and it is there for you.”

We spoke with relatives of people who needed complex care and found it difficult to talk at length. One close relative said: “I was consulted about the care. The care plan and everything…it took ages to do as it is very detailed and so far so good. I come in every day and I am happy with what I find.”

Our specialist nurse adviser spoke in-depth with three people who had very complex nursing needs and they told her about the treatment they received. One person said: “The staff are excellent in doing all of this but are also interested in me as a person.” Another person said: “I am comfortable in bed but they get me out every day so I don’t stiffen up and so I can go to the hairdresser or to activities if I am able.”

We looked in-depth at care files. Most of these had life stories that give a full picture of the person, their likes and dislikes and their strengths prior to coming into the home. All of the files we looked at were suitably detailed and up-to-date. We saw that people's needs and aspirations had been identified and simple, yet suitable, care plans were in place. Staff told us that they read them when possible and kept up to date with changes. We checked on the nursing processes within these plans and we judged these to be of a good standard.

When the inspection first started people in the home were: "Pleased it is Tuesday because I like to be up early to see the hairdresser.” During the morning people had their hair done by the visiting hairdresser. Staff told us that even very frail people who had to spend a lot of time in bed got up to have their hair done. Personal care and grooming were important to people in the home and the staff worked very hard to support them in this.

The home employed an activities organiser and in the afternoon there was a card game in the lounge using large sized playing cards so everyone could be involved in this. We saw evidence that there were other games and activities on offer. There were also parties and entertainments going on in the home. The staff team were fundraising to provide transport so people could go out more. We noted that there were also some individual activities that the organiser did with people who had to spend a long time in bed.

We look at the complaints policy and we asked that a minor change be made to this. This was done straightaway. We saw an easy to follow complaints procedure on the noticeboard. We learned that families had access to this procedure. There had been no formal complaints made to the service.

During the day we heard the registered manager, who was the nurse in charge, arranging for different types of appointments and talking to social workers, other professionals and relatives about the care needs of people in the home who needed the support of other services. We saw some very good evidence to show that she was giving one person a lot support with care needs, diet and an impending procedure in a hospital out of the county. We learned that this individual was receiving both practical and emotional support to deal with complex treatment. They were very pleased with the support they were given.

Good

Is the service well-led?

Our findings

The people we met knew the registered manager well and said: “The manager is always around and I can talk to her.” And “I am happy with the way they manage my care and support.” People were satisfied with the way the home was led. A group of people told the inspector that they trusted the manager and the providers and could express their opinions freely.

The home was owned as a partnership by two people who also owned another care home outside of Cumbria. We learned from staff that one of the provider's and the business manager visited the home at least weekly. Several members of staff said that they would like more staff meetings led by the providers. We discussed this with one of the providers who agreed to do more of this.

The home had a registered manager. She was a trained and experienced nurse and was in the process of obtaining a qualification in management. She was supported in managing the home by the deputy manager who was also a nurse and she too was undertaking a management qualification. We spoke to people in the home and to the staff and they were satisfied with the way the home was being managed. One member of staff told us: "You know where you stand with this manager, she has very good standards and we know we have to meet them."

We also noted that the registered manager and her staff team were caring and professional with each other. We judged that the registered manager had high expectations of the staff team but also understood their need for support. We spoke to staff who said: "We have a really good manager and she is there for us. I wouldn't hesitate to go to her with any problems. We are a caring team and we get on well together." Another person said "I love coming to work. I think the home is well-led… It is important to me that the team work well together. We get on fine with each other too!"

We observed the interactions in the home. We saw an efficient, professional and hardworking team of staff who treated people with dignity and respect. We could see that the culture developed by the management team put the people who lived in the home first and created high standards of nursing and care delivery.

The staff we spoke to understood their role and the responsibilities of different people in the team. The registered manager led the nursing and care delivery and the home also had a maintenance manager whose responsibilities related to the environment and domestic and catering matters. We spoke with housekeeping and catering staff and they understood their responsibilities within the team. Care staff were fully aware of their duties.

The providers had purchased a bespoke quality monitoring system that covered policies and procedures in the home. We saw evidence to show that the registered manager was using this system to check on quality in the home. We saw that care plans, medication, training and housekeeping and domestic tasks were audited on a regular basis. We also noted that the kitchen staff completed food safety audits and they had been awarded a five star excellent rating by environmental health.

We had evidence to show that good practice was discussed in the home. For example we heard from different sources that there had been a lot of discussions about when to assist people to get up in the morning. There had been discussions about nursing need and choice. We judged that the registered manager and her team were in the process of looking at how they balanced their duty of care and individual rights. We also heard about other discussions about care and nursing processes and the social and emotional needs of people in the home. We had evidence to show that open and frank discussions took place in this staff team and that different opinions were valued. We also noted that people who lived in the home and their relatives participated in some of these discussions on the vision and values in the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **People who use services and others were not protected against the risks associated with unsafe or unsuitable recruitment practices. The provider had not ensured that the information specified in Schedule 3 was available when making decisions on recruitment and selection.**