

Harrowby Lodge Nursing Home Limited

Harrowby Lodge Nursing Home

Inspection report

4 Harrowby Lane
Grantham
Lincolnshire
NG31 9HX

Tel: 01476568505

Date of inspection visit:
30 January 2017

Date of publication:
22 February 2017

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

Harrowby Lodge Nursing Home is registered to provide accommodation, nursing and personal care for 30 people. It can provide care for adults of all ages including people who live with dementia and/or who have a physical disability.

The service was run by a company that was the registered provider. The company was made up of two directors. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Staff knew how to keep people safe from the risk of abuse and they helped to prevent avoidable accidents. Medicines were managed safely, there were enough staff on duty and background checks had been completed before new staff had been appointed.

Staff knew how to support people in the right way. People had been helped to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

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

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been given all of the care they needed and wanted to receive. People had been supported in an imaginative way to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of the service. Most of the necessary quality checks had been regularly completed to ensure that people received safe care. Staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from staff acting upon good practice guidance.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Harrowby Lodge 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 was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 30 January 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with three care workers, two senior care workers and the activities manager. In addition, we met with the registered manager and with both of the directors of the company. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "The staff here are the model of kindness and I feel completely safe as long as they're around."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that steps had been taken to help people avoid preventable accidents. Hot water was temperature controlled in order to reduce the risk of people being scalded. Radiators that became hot enough to cause burns were fitted with guards. Other examples were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats.

Records of accidents and near misses showed that most of them had been minor. They also showed that the registered manager had established what had happened on each occasion so that action could be taken to help prevent them from happening again.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

People who lived in the service said that there were enough staff on duty to provide them with the individual care they needed and wanted. During our inspection we noted that staff quickly responded when the call bell rang. We also saw that when people who were sitting in the lounge asked for assistance this was given without delay. We concluded that there were enough staff on duty because people were promptly being provided with care that met their needs and expectations.

Records showed that the registered persons had completed background checks on new staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that applicants could demonstrate their previous good conduct and were suitable to support the people in their home.

Is the service effective?

Our findings

People were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I find the staff quite simply to be excellent." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I have a high regard for the manager and the staff who know exactly what they're doing and are professional."

Records showed that staff had received all of the guidance and training they needed. We noted that staff knew how to provide people with the nursing and personal care they needed. Examples of this were helping people to promote their continence and to keep their skin healthy.

People told us that they enjoyed their meals and we noted that staff had ensured that people had enough nutrition and hydration. People had been helped to monitor their weight and when necessary they had been offered high calorie food supplements to help them maintain their strength. Records showed that staff were also checking how much some people were drinking to make sure they were having sufficient hydration. We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians. A relative spoke about this and remarked, "The staff are very much on the ball and they contact the doctor straight away if my family member is unwell and they tell me also which is good because I want to know."

We found that the registered manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's doctor and relatives when it was necessary to fit bed rails in order to prevent them from rolling onto the floor.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered persons had applied for a number of DoLS authorisations. This had ensured that only lawful restrictions were used in the service that respected people's rights.

Is the service caring?

Our findings

People were positive about the quality of the nursing and personal care they received. One of them said, "The staff are first class here and very helpful. I've no problems with any of them."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became upset because they could not remember how to find the lounge. A member of staff noticed this and chatted with the person while they walked arm in arm along the hallway that led to the lounge.

Staff knew about the care people needed, gave them time to express their wishes and respected the decisions they made. An example of this was a person who wanted to visit a relative's grave to pay their respects and to make sure that it remained neat and tidy. Unfortunately, the person was not well enough to leave the service and so the activities coordinator had arranged to complete the visit for them. They had also arranged to film the visit for the person to see later on.

Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom to which they could retire whenever they wished. Staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They also made sure that doors were closed when providing personal care.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom. In addition, the registered persons had developed links with local lay advocacy services who can support people to make decisions and to communicate their wishes.

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff here are very helpful and there's always a nurse to give any medical help I need. I like knowing that there's a qualified nurse on the premises."

We noted that staff had consulted with each person about the nursing and personal care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the nursing care and practical assistance they needed as described in their individual care plan. This included staff helping people to safely manage specific medical conditions. It also included staff promoting positive outcomes for people who lived with dementia so that they were supported when they became distressed.

Staff understood the importance of promoting equality and diversity. This included people being offered the opportunity to meet their spiritual needs by attending a religious ceremony that was regularly held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People told us that there were enough activities for them to enjoy. One of them said, "The activities lady is excellent and completely brings the place to life whenever she's here." Records confirmed that people were offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes and gentle exercises. We also noted that the activities manager had taken a number of imaginative and innovative steps to engage the interest of people who lived with dementia. An example of this was a person who was cared for in bed using knitted household objects such as a teapot to help them recall when they lived in their own home.

People said that they would be willing to let staff know if they were not happy about something and we saw that they had been given a written complaints procedure. Records showed that the registered persons had not received any formal complaints since our last inspection.

Is the service well-led?

Our findings

People who lived in the service and their relatives considered the service to be well run. One of the relatives remarked, "I do indeed consider that the service is well managed. The staff are very organised and my family member always gets all of the nursing and practical care they need."

People said that they were asked for their views about their home as part of everyday life. We also noted that people had been invited to attend residents' meetings at which staff supported people to suggest improvements to their home. We noted a number of examples of suggested improvements being put into effect one of which had been changes that had been made to the menu.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the nursing and personal care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff had the knowledge and skills they needed. We also noted that regular checks were being made of the accommodation so that any breakages or other damage could be identified and quickly repaired. In addition, equipment such as hoists and wheelchairs were being checked to make sure that they remained in good working order. However, records showed that these checks had not carefully established that all windows were fitted with suitable safety latches. These are necessary so that windows do not open too far and can be used safely. The registered persons assured us that this oversight would immediately be corrected so that any necessary additional safety latches could be installed without delay.

People and their relatives knew who the registered persons and senior staff were and said that they were helpful. We noted that the registered persons and senior staff had a thorough knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This knowledge helped the registered persons to effectively manage the service so that people received safe care.

We found that staff were being provided with the leadership they needed to develop good team working practices. There was always a registered nurse on duty and in charge. During the evenings, nights and weekends the registered persons were on call if staff needed advice. In addition, there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed.

We saw that there was an open and inclusive approach to running the service. Staff were confident that they could speak to the registered persons if they had any concerns about another staff member.

We also noted that people who lived in the service had benefited from staff acting upon good practice guidance. An example of this was the activities manager following guidance about how to use objects in an imaginative way to engage the interests of people who lived with dementia.