Carecall Limited

Harvest House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Harvest House on 7 February 2017. The inspection was unannounced.

Harvest House provides accommodation for up to 22 older people who need personal or nursing care. Some people who live in the home experience memory loss associated with conditions such as dementia. At the time of the inspection 22 people were living in the home.

At our comprehensive inspection on 22 and 23 December 2015 there were three breaches of legal requirements related to the deployment of staff within the home, management of medicines and monitoring the quality of the services provided. At our focused inspection on 8 June 2016 we found that the registered provider had taken appropriate actions to ensure they met the legal requirements. At this inspection we found they had maintained the improvements they had made.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered
necessary to restrict their freedom in some way, usually to protect themselves. In relation to this the manager and staff had ensured people's rights were respected by helping them to make decisions for themselves. They had also taken necessary steps to ensure people only received lawful care that protected their rights.

People were safe living in the home and staff knew how to respond to any concerns that may arise so that people were kept safe from abuse. Risk assessments were in place and regularly reviewed.

There were enough staff on duty to provide people with the support they needed and background checks had been carried out before new staff were appointed.

Staff were trained and supported to understand people's needs and provide their care in the right way. People received a varied diet that took account of their nutritional needs and preferences. People were provided with all of the assistance they needed to access appropriate healthcare services.

People were treated in a kind and caring way. Their rights to privacy were upheld and their dignity was promoted.

Care plans reflected people's needs and preferences and staff followed the care plans when providing practical assistance. People who became distressed were provided with individual reassurance and support.

People were encouraged to engage in meaningful activities and social events. There was a system in place to manage and resolve complaints.

The home was run in an open and inclusive manner and there were systems in place to monitor and improve the quality of the services people received. A registered manager was not in place at the time of the inspection. The registered provider's area manager was acting as the home manager. Throughout this report we refer to this person as 'the manager'. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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 was safe.

Staff knew how to recognise and report any concerns they had for people's safety.

Risk assessments were in place and regularly reviewed.

Medicines were managed safely.

Sufficient staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received regular training and supervision.

The provider had acted in accordance with the Mental Capacity Act 2005.

People had access to a range of healthcare and their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People received support from staff who were caring and kind.

People were able to make choices about how their care was delivered.

People were treated with dignity and their privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People had access to meaningful activities and social pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were up to date and reflected people's preferences regarding their care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager in place.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

There was an open and inclusive culture within the home.

Harvest House 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 provider was 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 7 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with five people who lived in the home and four relatives who were visiting. We looked at five people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the manager, the nurse in charge and four members of the care staff. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People told us or indicated to us that they felt safe living at Harvest House. One person told us, "I am safer here than I am at home on my own." Another person smiled and nodded when we asked them if they felt safe and then pointed to a member of care staff who was in the room with them. The relatives we spoke with told us they felt their relations were safe within the home and staff knew how to manage any risks they identified. One relative told us, "I can relax at home knowing they're safe."

We found that staff knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that they had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the Care Quality Commission (CQC) and the local authority if any concerns remained unresolved. We know from our records and information received from other agencies that the registered provider had responded appropriately when concerns had been raised.

Possible risks to people's safety had been identified and planned for. Risk assessments and management plans were in place and regularly reviewed. We saw that arrangements were in place to ensure people were supported to leave the building quickly and safely in the event of an emergency. People were helped to keep their skin healthy by having bed mattresses and chair cushions that reduced pressure on key areas of their body. Special equipment was in place to reduce the risk of people having accidents such as bed rails fitted to the side of their bed, walking frames and hoists to help them move around safely.

We found that there were enough staff on duty who were appropriately deployed to provide people with the care they wanted and needed. People we spoke with told us that staff were quick to respond to their requests for support. One person said, "They always come when I want them. I ring my bell and they're here." Throughout the inspection we noted that call bells were answered in a timely fashion and staff were present in communal areas to ensure they were able to respond to people's needs quickly. A relative told us, "They're always busy but [my loved one] gets whatever they need."

Staff rotas showed that in the two weeks preceding the inspection the numbers of staff the registered provider had said were needed were on duty. The area manager told us there was a shortfall of permanently employed care staff for 18 hours each week. These hours were covered by agency staff or permanent staff working extra hours. On the morning of the inspection an agency care staff did not arrive for duty. Staff deployment systems enabled the nurse in charge to cover the shortfall with staff from another of the registered provider's homes without incurring a shortfall in the other home. There was an on-going recruitment programme in place to fill the care staff shortfall. The area manager told us they had reviewed the staff team structure. The review had identified the need to introduce the roles of senior care staff and a deputy manager to improve the day to day management and deployment of staff within the home. We saw that a recruitment programme was in place for this development.

We looked at staff recruitment records and found that the registered provider had carried out background checks before they offered anyone employment in the home. Checks included obtaining references from

previous employers, checking the applicant's identity and checking to see if they had any relevant criminal convictions. The recruitment arrangements helped the registered provider to ensure applicants were suitable to work with people who lived in the home.

Suitable arrangements were in place for the ordering, storage, administration and disposal of medicines. There was a sufficient supply of medicines available and they were securely stored. We saw staff administered people's medicines at the time and in the way they were prescribed. Protocols were in place to ensure that people received medicines prescribed only when needed (known as prn) in a consistent manner. Medicines that required special storage and recording arrangements (known as controlled medicines) were managed appropriately. Medicine administration records for the two weeks preceding the inspection indicated that people had correctly received all of the medicines that had been prescribed for them. We noted that a registered nurse had been identified to take a lead in monitoring medicines arrangements. We saw they carried out regular audits to ensure any shortfalls in the arrangements would be identified quickly and action taken to resolve the issue.

Good

Is the service effective?

Our findings

People told us they felt cared for by staff who knew how to meet their needs. One person told us, "Oh they know what they're doing alright." This view was echoed by the relatives we spoke with. One relative told us, "They seem to know just what [my loved one] needs."

Staff told us they were provided with a clear induction programme when they started work at the home. They added that this programme helped them to get to know the people who lived there and how to support them. One staff member told us, "You always work with someone who is experienced until you are feeling confident." The manager confirmed they were reviewing their induction programme to ensure it was in line with national guidance.

A system was in place to ensure staff received regular training in subjects such as fire safety, food hygiene and moving and handling people safely. Staff also told us about training in subjects relevant to the care people required such as pressure area care. Records showed that staff also had access to training courses that led to nationally recognised care qualifications. Staff commented that they "were always doing training." They told us this helped to maintain their skills and knowledge.

When we spoke with staff and observed their practice they demonstrated how they applied their learning when providing care and support to people. An example of this was how they regularly encouraged and supported people to move around and change their position in bed or when sitting. This helped to reduce the risk of people experiencing deterioration in their skin condition.

Staff told us they were well supported by the manager and other members of the team. The manager had recently reviewed the policy and systems to ensure staff had access to regular and meaningful support. This included individually timetabled supervision sessions, an annual appraisal of their work and observed practice. Records showed that the new systems had commenced in January 2017 and staff confirmed this. Staff told us and records showed that team meetings also served as group supervision during which they could learn about new approaches to care and support.

The Mental Capacity Act 2005 (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. It also provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Any decisions made on a person's behalf must be in their best interest and as least restrictive as possible. Care records showed that people's capacity to make decisions for themselves had been assessed. Where people were no longer able to make particular decisions or consent to care being provided, staff followed best interest decision making processes to provide their care. Care plans reflected where best interest decisions had been made.

Staff demonstrated their awareness and understanding of the principles of the MCA. Throughout the inspection we saw staff obtaining consent from people before they provided them with support such as personal care. We noted that staff helped people to make decisions by using clear and informative communication. A member of staff described to us how one person did not have capacity to make a

decision about, for example, complex healthcare matters but they were still able to decide what they wanted to wear or what they wanted to eat. The staff member told us that the person's decisions about these aspects of their life were respected and followed.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection eight people were subject to DoLS authorisations. We saw that the conditions on authorisations were being met.

People who lived in the home and the relatives we spoke with told us there was a varied and wholesome range of foods provided for people. Care records and kitchen records identified people choices and preferences for food and drinks. The cook demonstrated a clear understanding of how to ensure people who had specific dietary needs were catered for, such as diabetes or those who had difficulty swallowing. People had access to hot and cold drinks throughout the inspection and we saw staff responded quickly to people when they requested a specific drink.

Care records contained assessments and care plans to support people who had specific nutritional needs. People were offered the opportunity to have their weight regularly checked where necessary and this was recorded in their care records. Records were also kept, where necessary, of how much people ate and drank during the day. This meant that staff could quickly identify any changes in a person's weight or appetite and take appropriate action. We saw for example that where a person had lost weight staff had referred to healthcare professionals for advice about supplementing their diet.

Care records showed that people had access to healthcare services in order to help them stay healthy. People told us, for example, they were supported to see their local doctor, attend hospital appointments and see their dentist when they needed to. Relatives we spoke with echoed people's views. During the inspection we saw an example of how staff supported a person to have regular healthcare monitoring to ensure their medicines remained effective. They demonstrated a clear understanding of the importance of the regular checks and the impact on the person's care and treatment.

Good

Is the service caring?

Our findings

People told us they were happy living at Harvest House and with the care they received. One person said, "There's no faults here, they are all good girls." Another person said, "Sometimes I don't remember well, but I'm happy here and well cared for." Relatives we spoke with echoed these views. One relative told us "[My loved one] is treated very well; they respect them as a person." We noted throughout the inspection that people and staff were happy in each other's company.

People were supported to maintain as much independence as they were able to. Examples of this included staff providing patient support and encouragement so that people could continue to mobilise using walking aids. People were provided with the same support to remain as independent as possible when they ate their meals. Staff used gentle physical support to enable people to use their cutlery where appropriate and other dining aids were provided such as plate guards.

People were supported to make their own choices as far as they were able to. We saw examples such as staff routinely offering people choices of hot and cold drinks and different food options. We noted that menus were available for people to make their choices of which meals they wanted. There was also information about 'made to order' foods which people could request if they did not want what was on the main menus. Other examples we observed were staff supporting a person to choose how they wanted their pillows arranged when they were spending some time in bed. Another person was supported to choose the blanket they wanted to cover their legs when they were sitting in the lounge. We saw a further person being supported to choose an activity they wished to engage in during the afternoon.

Staff interacted with people in a positive and caring manner. We saw that they took account of factors that may impact on a person's decision making or responsiveness such as the time of day or a person's presenting mood. This enabled them to communicate with people more effectively.

We saw that at least one member of staff was available in communal areas throughout the inspection. Staff told us this meant that people always had someone to respond to their requests for support and they could monitor that people were safe and comfortable. When discussing this with one person they commented that it made them feel "a bit safer" and there was always someone to talk to.

People who lived in the home and their relatives told us that staff respected people's privacy and maintained their dignity. We saw that staff supported people with personal and intimate care in private rooms. They ensured that doors to those rooms were firmly closed and curtains were drawn where the room had a window. When doors to people's bedrooms, toilets or bathrooms were closed staff knocked and waited to be invited in. We saw that staff also sought permission to enter a person's room even when the door was open.

Staff understood the need to protect people's personal information. Care records were stored in an office that was locked when no-one was using it. Staff spoke with people about personal issues in private or in lowered voice tones so that they could not be overheard.

Information about advocacy services was on display in the reception area of the home. Advocacy services are independent of the home and the local authority and can support people to make and communicate their views and wishes. The manager told us that no-one who lived in the home was currently using advocacy services; however they would encourage and support people to access them if they wished to do so.

Good

Is the service responsive?

Our findings

People told us and records showed that they were supported to take part in a range of social activities if they wished to. Some people told us that they preferred not to join in and their wishes were respected. Activities included arts and crafts, gentle exercises, pamper sessions and musical and cinema events. The manager also explained to us that once every month a relative organised a social event such afternoon tea for people to join in with.

Since our last comprehensive inspection the provider had reviewed the role of the activity co-ordinator so that they had more time to focus on the provision of meaningful activities for people. The activity co-ordinator had set out a flexible plan for social activities having consulted with people who lived in the home. We also saw that they had allowed time to support those people who preferred to spend time in their own rooms or were cared for in bed. They told us and records showed that people enjoyed activities such as hand massages, being read to or simply having a chat.

During the inspection we saw that the activity co-ordinator had arranged a games session in the afternoon and people were encouraged to join in. Some people wanted to watch TV or listen to music and were supported to do this and other people enjoyed the company staff who sat and chatted with them about their lives.

We looked at care records for five people who lived at the home. Care records were personalised and gave staff guidance about how to provide the care each person needed. We saw that staff followed people's care plans, for example, by ensuring softer foods were available for those who had difficulty swallowing, by ensuring people who were at risk of skin damage were supported to reposition themselves regularly and by supporting people to use aids that promoted their continence. Care plans had been reviewed on a regular basis and they had been amended to reflect any changes in a person's needs.

Some people were able to remember and understand that they had a care plan in place. They told us staff regularly spoke with them about how they wanted their care to be provided. One person said, "They do things just how I like."

We found that when people who lived with dementia became anxious or upset we saw staff responded quickly in order to help them become calm again and continue to enjoy their day. One example we saw was when the manager supported a person who had become anxious because they did not have a visitor. The manager sat with the person and over a cup of tea explained the situation in ways the person could understand. The person visibly relaxed during their conversation and was able to carry on with their day in a much better frame of mind.

The provider had a complaints policy in place and this was displayed in the reception area of the home. People and their relatives told us they felt comfortable to raise any issues with staff or the manager and were confident that they would be addressed. Records showed us that the provider had responded to complaints and concerns in line with their policy and procedures. They also showed that any identified

issues had been addressed in a timely manner. At the time of our inspection there were no outstanding complaints about the home. However, following the inspection a number of concerns were raised with us. The provider responded immediately when we informed them of the concerns raised and took action to address the issues raised.

Requires Improvement

Is the service well-led?

Our findings

A registered manager had not been in post since July 2016. We acknowledged that the provider had taken steps to recruit a new manager; however they had been unsuccessful up to the time of this inspection. The provider's area manager was currently acting as the manager for the home and informed us that they intended to apply for registration. Although an application had not been submitted at the time of the inspection, the manager confirmed the application had been made immediately following the inspection.

We carried out a focused inspection in June 2016. This was to check whether the provider had become compliant with previously identified breaches of regulations in relation to the deployment of staff within the home, management of medicines and monitoring the quality of the services provided. We found that they had become compliant with regulations and at this inspection we noted they had maintained the improvements they had made.

There was an open and inclusive approach to running the home. The manager was visible within the home throughout the inspection. They took time to speak with people who lived there, staff and visitors. They demonstrated a clear understanding of people's needs. Staff told us the manager was approachable and supportive. One member of staff commented that the manager gave them "excellent support."

Staff were provided with the leadership they needed to develop good team working. We saw there were regular team meetings in which staff could share views and discuss ways to improve the services provided. There was always a registered nurse on duty in the home that staff could refer to for advice and guidance. There was also a system in place to ensure managers were available to provide the same support and guidance outside of normal working hours. The manager told us that the provider was in the process of recruiting a deputy manager to provide extra support for the manager and staff team.

The provider had a system in place to regularly check the quality of services provided for people. These checks included making sure that medicines were managed safely, infection control procedures were followed and equipment such as wheelchairs and hoists were safely maintained.
Action plans were in place to address any shortfalls identified.

The manager had introduced an additional quality assurance system called 'resident of the day'. This system enabled staff to focus on reviewing each person's circumstances on a regular basis and in a person centred way. The system included tasks such as a review of the person's care files and medicines arrangements, ensuring the person had an opportunity to be weighed and giving the person an opportunity to discuss the care they received. It also provided a regular framework to ensure that the person's bedroom was deep cleaned and they were supported to, for example, review how their clothes and laundry were organised.

The provider and manager monitored any incidents or accidents which occurred in the home so that they could reduce the risks of them happening again. The provider is legally required to tell us about events that happen in the home and our records showed that they had done so.

The provider had a whistleblowing policy in place. Staff told us they were aware of the policy and felt confident to raise any concerns they had about poor practice with the manager or the provider. They also knew how to contact external agencies if they felt their concerns had not been addressed, such as the local authority.