Raynsford Limited

Harrington House

Inspection report

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10 July 2019
11 July 2019

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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

About the service
Harrington House is a care home operated by Raynsford Limited. The service provides support, personal care and accommodation for up to 12 people. It provides care to adults living with a learning disability, autism and behaviours that may challenge. 12 people were living at the home at the time of our inspection.

People's experience of using this service and what we found
Since our last inspection the service had made changes to the management team at Harrington House. The managers of the service worked alongside staff to ensure that any identified issues were managed. Priorities in relation to the quality of support were identified and acted upon promptly.

Documentation relating to individual risks was inconsistent. Risk assessment documentation had started to be reviewed by the home manager and guidance for staff was being developed at the time of our inspection. We questioned staff in relation to individual risks to people and found that staff knew people well.

There were systems in place to check the quality of the service. However, these systems were not always robust. For example, where issues had been identified, these had not been prioritised into an action plan with identified timescales for completion.

People's independence was respected and promoted. The support provided to people focused on them having opportunities to personally develop and maintain relationships. People received a consistent level of care from a team of care workers. There were enough staff employed to meet people's needs.

Staff communicated with people effectively to ascertain and respect their wishes. Safe recruitment practices were followed to protect people from unsuitable staff.

People received personal care that was person-centred and individualised. People's communication needs were identified, recorded and highlighted in care plans.

People were supported to access health services when needed. People's care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and effectively when attending their healthcare visits.

Staff at the home supported people with the activities they enjoyed. Staff were responsive to people and their social health needs and people were encouraged to be as independent as possible.

People were supported to take their medicines safely as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection
The last rating for this service was Requires Improvement (published 20 July 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Please see our Safe findings below.

Is the service effective?

Good

The service was effective.

Please see our Effective findings below.

Is the service caring?

Good

The service was caring

Please see our caring findings below

Is the service responsive?

Good

The service was responsive

Please see our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Please see our Well-Led findings below.

Harrington House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by one inspector.

Service and service type
Harrington House is a 'care home' that provides accommodation for up to 12 people who require personal care. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the site visit
We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit
We visited Harrington House on 09, 10 and 11 July 2019. We spoke with the registered manager, home manager, a senior carer, a maintenance worker and a care worker. We spoke with two people who used the service. We observed staff interacting with people throughout the day, including preparing and supporting people with various activities. We reviewed a range of records. This included five people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

Following the site visit
We sought feedback from three family members about Harrington House.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• Due to concerns raised prior to this inspection we checked to see if steps had been taken to ensure that people's risks were being managed safely. We found that risks to people had been identified and staff knew people's needs well.
• Staff could describe the support they provided people to keep their money safe and remain safe in relationships. We reviewed records in place in relation to people's finances and found these were robust. We reviewed records in relation to people accessing the community and found that additional detail could be added to ensure certain people's records fully reflected the safety arrangements that had been put in place to keep them safe. We discussed this with the home manager who took prompt action to ensure all risk documents were reviewed and additional detail added.
• Staff were kept aware of people's serious health conditions, choking, falls and diabetes. Each person had a 'What I would like you to know about my medical condition' document that clearly listed issues that staff needed to be aware of. Daily handovers and robust care plans ensured staff were kept up to date with the changing needs of people. We found that records in relation to people's risk of choking had been completed and reviewed regularly by the home manager with the input of a professional speech and language therapist. One relative told us "The service has responded well to [name of person] needs.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe at Harrington House. One person said, "I feel safe", another person said, "I would go to my keyworker or the manager if I wasn't happy."
• Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed. A staff member told us, "Safeguarding is a safety net for our service users so if incidents or abuse happens we ensure that they get the best care."
• The registered manager kept a record of safeguarding incidents that had occurred. Staff knew how to respond in an emergency and any incidents were dealt with appropriately and action was taken to minimise future incidents occurring.

Using medicines safely
• Staff kept accurate records of all medicines ordered, given and disposed of. Medicines' storage was appropriate and the storage area temperature was checked three times a day to ensure medicines were stored as required.
• Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
• Staff had undertaken medicine training and had their competence checked on an annual basis. Regular

audits were conducted, and action taken when necessary. Staff could tell us what they would do if a person refused medicines and how they would ensure the best possible outcome should this occur.

Staffing and recruitment
• People were protected from those who may not be suitable to work with them. Pre-employment checks were completed and the provider took into account any known risks identified through their recruitment process before staff started work at the service.
• Staff performance was routinely monitored to ensure the provider's expected standards were met.
• Staff were positive about recruitment resources and the recruitment process. One staff member said," Staffing is adequate", another told us, "I learnt about the residents before I started shift. I also got to meet some service users as part of my interview."

Preventing and controlling infection
• Following our previous inspection, the provider had ensured staff had received infection control training and that staff practise in relation to infection control had been monitored.
• Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination when handling soiled laundry. Staff told us they used personal protective equipment and followed good hand hygiene.
• Staff completed food hygiene training and the home had effective systems in place to ensure it was clean and infection free. The food standards agency had inspected the homes kitchen in February 2019 and awarded it four stars (Good).
• Where able, people were encouraged to keep their bedrooms and communal areas clean and tidy. One person had access to cleaning cloths and other materials so they could work on cleaning tasks independently.

Learning lessons when things go wrong
• Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensured appropriate action was taken to keep people safe. Learning identified through such investigations was used to prevent similar incidents occurring in future. For example, where recent concerns had been raised around a person with untied shoelaces causing a fall, the registered manager conducted a review and had made changes to the persons care plan, sought advice from an occupational therapist and met with staff so as to minimise the likelihood of this happening again.
• Where required the registered manager had notified CQC of any significant event such as serious injuries or safeguarding concerns.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• During our previous inspection (published July 2018) we found the service was in breach of Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment. We found that people had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority or application to the authorising authority having been made. During this inspection we found the service had made significant improvements in this area and now met this regulation.
• Where relevant, DoLS were in place for people using the service to keep them safe from harm. This included the allocation of one to one staffing and code locks on internal doors. We saw that the registered manager had a full overview of DoLS records to ensure these remained relevant and the least restrictive possible. When any DoLS authorisations were due to expire or there were conditions to be met the registered manager had reviewed these and applied for a further review and authorisation to be completed.
• There were policies and procedures in place relevant to the MCA and Staff had received training in the MCA and explained how they put this into practice when providing support.
• We saw that staff consistently asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines or entering their bedroom.
• We reviewed assessments for people's ability to make day to day decisions such as opening their mail and the sharing of personal information. Sitting alongside these assessments were 'my MCA review' documents which included a monthly review of the person capacity and the outcome of the decision.
• Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their

own choices with involvement of their family and appropriate professionals where required.

Staff support: induction, training, skills and experience.
• People were supported by a well-trained staff team who felt supported by the home manager. Staff told us the provider's training was detailed and ensured they had the skills to support people effectively. Staff told us they had regular supervisions and they felt supported in their role. A staff member told us "I have received a lot of support in my role from my manager. Myself and the manager work together well. I feel like I can go in to the office and suggest changes, the manager is very open and supportive."
• New staff members completed a structured introduction to their role. This included completion of appropriate training and working alongside experienced staff members until they felt confident to support people safely and effectively. A staff member said, "I went through some induction training. My first two shifts were shadowing more experienced members of staff."
• All staff completed mandatory training and refresher courses such as infection control, fire safety, safeguarding, moving and handling and behaviour management. Throughout our inspection staff were observed to be competent, knowledgeable and skilled in their role.

Adapting service, design, decoration to meet people's needs
• The physical environment, within which people lived, was accessible and safe for people to move around.
• People's bedrooms reflected their needs, preferences and interests. People told us they had personalised their own rooms. Several people had items which were important to them, such as pictures of their family and friends which they could look at and enjoy. One person told us "It's really nice living here - I have been living here since it opened."
• There were communal areas for people to enjoy including a main lounge, a dining area and an outside space. The registered manager told us there was an extensive refurbishment plan being developed that would provide improved facilities such as a new kitchen and new bathrooms. People we spoke with knew about this and told us they were very much looking forward to having a new kitchen.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were fully assessed with ongoing involvement of their close relatives (where appropriate) and reviewed by a range of health and social care professionals.
• People had access to information in a way they could understand (such as pictures and symbols) to help promote a good quality of life and manage their health needs.
• Information in relation to people's individual characteristics, under the Equality Act, was gathered when people moved into the service and consideration was given to their age, religion and sexual orientation when planning their care. Each person care plan had a section that listed their unique characteristics and their individual likes and dislikes as well as their preferred name.
• People living at the service used technology for communication with loved ones. For example, several people in the home used electronic devices such as phones and tablet devices to communicate with family members, some with staff support.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff understood people's dietary needs and preferences and these were recorded in people's care plans. People's risks in relation to eating and drinking had been assessed and reviewed. The registered manager informed us that a person had recently been reassessed due to a near miss choking incident. The person had been referred to a speech and language therapist and was now on a modified texture diet to limit risk. Records in relation to how this person had been reassessed and the new recommendations were clearly available in the persons care plan. In addition, when we asked staff about people who may pose a risk of choking they told us about this person and how they managed risks in relation to them. one staff member said, "We communicate important changes to each other, for example there has been a change in a service

users diet."
• People told us they enjoyed their food and drinks and that they were encouraged to eat healthily. We saw that they were involved in planning menus, choosing and shopping for the food they wanted to eat, and helping to cook their food as independently as people wanted to and were able to. One person told us, "Food is really good. We had a pizza night last night. Sometimes when the weather is nice we sit outside and have a BBQ."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
• Staff worked with a variety of health and social care professionals to manage people's health needs. The service engaged regularly with community learning disabilities team to discuss people's health. The homes manager explained how this joined up working had had a positive effect on people within the home.
• Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals. There were daily handovers, which meant staff were kept up to date with people's healthcare needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• We observed staff to be kind and caring in their approach. We observed friendly and caring interactions between staff and people. Staff greeted people with warmth and empathy throughout the inspection. People told us they were well cared for. One person told us, "Staff are Lovely." Another person said, "I like living here."
• People's relatives told us staff were caring. Comments from relatives included "when [name of person] comes to visit she always looks well looked after and is very happy to return to Harrington after the visit" and "the care provided is of a high level." A staff member told us "The best thing about the job is building up relationships with the service users."

Supporting people to express their views and be involved in making decisions about their care
• People had been given opportunities to express their views either through monthly key-worker meetings or resident meetings held regularly. Records of meetings held demonstrated that people had provided feedback on food and on what activities they would like incorporated within the home. We saw how this feedback had led to changes to the weekly menu and to the activities provided to individuals living in the home.

Respecting and promoting people's privacy, dignity and independence
• Staff showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner. We saw that people were addressed by their preferred name.
• Staff received training on how to provide a dignified service and staff understood the importance of respecting people's privacy and dignity. During a tour of the home we saw that staff always knocked before entering people's bedrooms and asked if it was ok to show the inspector their bedroom.
• Staff supported people living at the home to be as independent as they could be. People were encouraged to keep their belongings safe and tidy and to make themselves drinks and snacks. We observed several people working independently or alongside staff in the kitchen area during our inspection visit.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Initial assessments were carried out to assess people's personalised care requirements. Included in people's care plans was a one page profile that provided information on people's backgrounds, interests and things which were important to them helped staff better understand people's support requirements. For example, people were asked if they wanted to be supported by a carer of the opposite sex and if they wanted a key to their bedroom.
• Staff demonstrated a good understanding of people's needs and preferences. Records reflected people's individual wishes. Each person's care plan included a 'wish list' of what they wanted to achieve and how staff should support them. One person's care plan stated, "I have a learning disability, but it doesn't define me as an individual."
• Staff individualised people's support and modified their approach to supporting people. For example, staff told us they were working with one person who was experiencing a lack of appetite. They explained how a speech therapist had been involved and how they were working with the professional's recommendations to support the person. They explained that this person was receiving additional support at mealtimes until the issue could be resolved.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Peoples care records clearly detailed their preferred form of communication and ways in which staff should communicate with them.
• People were supported to understand information in ways that were personal to them. Throughout our inspection staff demonstrated a range of techniques when communicating with people. People were addressed in their chosen way. Some people enjoyed being called by an affectionate nickname.
• There were examples of how information was shared with people in a way they could understand. For example, advocacy information was available in multiple formats and there was an easy read document in relation to the services complaints process. Care plans contained information in alternative formats such as pictures and large font so the person could understand the information that had been written about them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People had access to activities that were individual to them. We asked people if they thought there was sufficient activities for them to participate in. One person told us, "The best thing about living here is going out and about." Another person said, "We went to the park and I had a strawberry ice cream."
• We saw people engaging in a range of community activities during our inspection. Some people were accessing work placements whilst others were going on day trips. We saw from minutes of the resident's meetings that people were regularly asked their views on activities taking place in the service and were included in planning for the refurbishment of the home.

Improving care quality in response to complaints or concerns
• People told us they knew how to make a complaint or who to talk to if they were not happy. Information about how to complain was widely available in the home and in people's care records. One person told us, "I would go to my keyworker or manager if I wasn't happy."
• The provider had a procedure for the home managers to follow when managing complaints. This required the home manager to clarify what had gone wrong and what the complainant wanted to be done about it.
• The home manager told us that no formal complaints had been received in the 12 months preceding our inspection visit. The home manager told us they were working with one person's families to address concerns that had not yet been raised formally. The home manger explained they had ongoing email contact with the relatives and had recently had a meeting with them to discuss some areas of concern. We discussed with the home manager how these concerns could be documented and filed to provide an audit trail in case a formal complaint was made.

End of life care and support
• No-one was being supported with end of life care at the time of our inspection. Staff however, told us that they would liaise with the person's relatives, GP and palliative health care professionals to ensure that people were as comfortable and pain free as possible.
• The provider had an end of life policy. The home manager told us they were developing an end of life strategy and said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The home manager was aware of the need to carefully approach this subject so that the person was not unnecessarily upset.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

Requires Improvement: The service was not consistently well-led. However, the leadership and management worked towards assuring there was a person-centred care and a fair and open culture. Some regulations may or may not have been met

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

• In our previous inspection (Published July 2018) we recommended that the provider review their capacity for quality monitoring and acting on improvements. During this inspection we found there was a governance structure in place. The management team had completed a range of audits to assess and monitor the service. These included environmental audits, reviews of people's care records and a regular review of people's needs.

• Completed audits were not always used to develop an action plan in order to ensure action taken in response to shortfalls would be assigned to specific staff and monitored till completed. We saw for example, that the requirement to review individual risk assessments had not been added to an action plan and had therefore not been completed. We discussed this with the registered manager who told us they will be taking immediate action to improve action planning within the service so as to make timely improvements where required.

• The service was led by a manager who had registered with the Care Quality Commission. They were clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events that occurred within the service and the rating from the last CQC inspection was displayed as required.

• Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.

• Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

• The provider had a set of core values which were displayed throughout the service. Staff we spoke with were aware of the values and said that they shared them.
• The leadership for the service was the responsibility of the registered manager. The registered manager was supported by a home manager who was new in post. Staff told us they felt confident to challenge more senior staff regarding concerns they might have and felt their views were always listened to and respected. One staff member said "the new home manager is very service user focused and very good with staff. Even though I'm part time I am valued and supported to key-work a service user."
• Staff told us they were ways in which people could be involved in the running of the home. For example, they said people could choose who supported them, what activities to take part in or what they had to eat and drink.
• Relatives described the leadership as being open and felt managers shared information with them as required. One person's relative told us "We get regular contact from staff." Another said, "communication is great."
• The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.