HC-One Limited

# Harley Grange Nursing Home

## Inspection report

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25 July 2019

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09 September 2019

## 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

We inspected Harley Grange on 25 and 26 July 2019. The first day was unannounced, we returned the following day to complete our inspection by looking at information the provider had gathered for us.

About the service
Harley Grange provides residential and nursing care to older people including people recovering from health issues and some who are living with dementia. Harley Grange is registered to provide care for up to 27 people. At the time of our inspection there were 22 people living at the home.

People's experience of using this service and what we found
People told us they felt safe living at Harley Grange. The systems in place to monitor the quality and safety of the service being provided had revealed that staffing levels were not sufficient to meet people's needs. Staffing levels had recently been increased to meet people's needs.

Risks to people had been assessed. People, and where appropriate, relatives had been involved in compiling care plans. People were supported with their medicines in a safe way. Recruitment checks had been carried out to ensure staff were suitable to work at the service. The home was well equipped, clean and tidy and good infection control practices were being followed.

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. Staff had received training relevant to people's support needs. The staff team felt involved in the running of the home and were supported by the registered manager. People received healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.

People were involved in making decisions about their care and support. Their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

Care plans were well detailed reviewed regularly and staff were knowledgeable about the range of needs people had. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

There were systems in place to monitor the quality and safety of the service being provided, though these were not always effective in identifying and ensuring staffing levels were in place to meet people's needs in a timely way. People's views of the service were sought through regular meetings, surveys and an annual questionnaire. The manager understood their roles and responsibilities as was in the process of registering with CQC. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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

Rating at last inspection
The last rating for this service was Good (published 1 August 2016).

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.

## 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 is now safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service remained well-led.

Details are in our well-Led findings below.

# Harley Grange Nursing Home

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector, a Specialist Advisor and Expert by Experience. The visit was unannounced. A specialist adviser is a qualified social or healthcare professional. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our Specialist Advisor and our Expert by Experience's area of expertise was the care of people with mental health needs.

Service and service type
Harley Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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 in the process of registering with the Care Quality Commission. This means that they (when registered) 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
This inspection was unannounced. Inspection activity started on 25 July 2019 and ended on 26 July 2019. We visited the office location on both days.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with seven people and four visiting relatives. We also spoke with the area director, the area quality director, the manager, deputy manager, three care staff, maintenance person and a member of catering staff. We viewed a range of records. This included four people's care records and multiple medicine records (MAR charts). We looked at other records related to staff recruitment, records of complaints, incidents and accidents, and health and safety records.

After the inspection
We continued to seek clarification from the provider to validate the evidence we found. We looked at training records and records of meetings for people living in the home and staff.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● People, their visiting relatives and staff all told us there were not enough staff to meet people's needs. A relative said, "There is not enough staff. No one has time to do anything other than caring or bathing etc." A member of staff said, "I think it's a good home, but they need more staff."

● We spoke with the manager who told us they had an increase in admissions which had resulted in the increased workload. This had been communicated with the area director who had authorised more staff on each shift both night and day. These commenced the day prior to our inspection.

● We found there were enough staff to care safely for people, but noted that the activities person was the only person in the main lounge, but they were not there all of the time. We spoke to the manager about this and they said they would ensure continual observation from a member of care staff, to keep people safe.

● Safe recruitment and selection processes were followed. Robust pre-employment checks were carried out before staff were employed. Staff personnel records included competency assessments, verified references and the right to work in the UK checks.

● All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and were provided with a safe environment in which to live. A relative said, "I have no worries about [named family member] being safe." Another relative said, "[Named family member] has been here for 3 years and everything is good. I can visit when I want to."

● People were supported by staff who were aware of the signs of abuse and knew how to report any concerns internally and to relevant external agencies if. Staff completed safeguarding training during their induction and received regular refresher training.

● Harley Grange had safeguarding and whistleblowing policies and we saw these were regularly reviewed to ensure they were in line with the current best practice.

Assessing risk, safety monitoring and management

● People's care plans contained thorough and detailed risk assessments which were regularly reviewed. These clearly set out how staff should care for and support people safely. Staff were familiar with the assessments and were able to talk confidently with us about the risks faced by the people they supported and how these were managed to keep people safe.

● Records showed that premises and equipment were well maintained and any issues were promptly reported by staff and dealt with to ensure the environment remained safe.

● People's care plans included Personal Emergency Evacuation Plans (PEEPs) to enable information to be quickly and easily shared with the emergency services such as the Fire and Rescue Service.
● Fire drills were regularly completed. Staff used Picture Exchange Communication System (PECS) cards to help people understand the fire drill and what to do to keep themselves safe in the event of a fire.

Using medicines safely
● People were supported with their medicines by staff who had been trained in the safe administration of medicines. Staff were regularly supervised by managers to ensure they followed the medicines training protocols and ensure people were provided with their prescribed medicines.
● Staff completed a daily 'countdown' of each medicine, which allowed regular audits to ensure people received the correct number of medicines.
● Medicines were safely stored and we saw staff had correctly completed medicine administration records.

Preventing and controlling infection
● Clear infection control and prevention guidelines were in place and these were followed by staff.
● Infection control audits were regularly undertaken. Where shortfalls were identified an action plan to rectify them was produced.
● Staff had completed infection control, health and safety and legionella training and we saw they used personal protective equipment such as gloves and aprons and infections being passed onto people.

Learning lessons when things go wrong
● Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to people's admission. The assessments included information about their physical and health needs, emotional needs, ability to communicate; relationships and how best to support them to make choices.
- This information was then used to inform peoples' care plans. They were reviewed regularly, and any changes were clearly recorded and communicated with staff.

Staff support: induction, training, skills and experience

- Training offered to staff was comprehensive and was updated regularly.
- Staff told us the induction and training they received was of good quality and enabled them to carry out their roles effectively. A staff member said, "The induction was thorough, I completed a week of training before I started shadowing staff in the home." Another member of staff said, "I've done all my [training] updates, they [manager] gets a warning email from head office if we don't."
- Staff had regular supervision with the manager or their deputy. This included spot checks to ensure staff adhered to their training and company policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a suitable diet that met their nutritional and cultural needs. A person said, "The egg on toast [for breakfast] was very nice, there's never enough but that's the good thing about it. I can always ask for more." We spoke with the manager who agreed people were provided with more food on request.
- People's requirements around eating and drinking were clearly documented, and people were supported to eat a balanced diet. The home had a varied menu which was planned in advance taking people's choices and preferences into consideration. However, the menus were not readily accessible by all and were not produced in an 'easy read' or pictorial format. We spoke with the manager who said they would look at the availability and format of menus and ensure all people's needs were covered.
- People were offered a choice of plated meals which ensured they were provided with a suitable choice at meal times.
- When people required support to eat, staff did this sensitively and discreetly. We saw that staff had researched and bought specialist equipment to enable people to eat independently, though none was required for the current group of people.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● Staff helped people access healthcare services.
● People living at the service had regular access to a range of healthcare professionals in the community or who visited the home.
● People were supported to receive good care when they had to transfer between services. For example, each person had an 'emergency grab sheet' which included information for a hospital admission. This contained vital information including their health conditions, medicines and communication needs.

Adapting service, design, decoration to meet people's needs
● The home was in a good state of repair and well equipped to meet people's needs. Communal areas were bright, comfortable and included a conservatory which led to an outside seating area with a large pleasant garden.
● People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. The manager added people could bring in items of furniture as long as they met the fire regulations.

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 take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We saw where people's capacity to make decisions had been considered at the time of their assessments and prior to entering the home. Where necessary these included information about how people used non-verbal communication to express consent or not. We heard care staff seeking consent from people before supporting them.
● Care plans included consent forms for a range of areas including personal care and sharing information with other agencies. We saw evidence that staff had consulted with relatives and professionals involved in people's care to ensure that all decisions were made in people's best interests.
● Where people's freedom was restricted we saw the management team had applied for a DoLS. Where these had been granted we saw staff adhered to any conditions set by the local authority.

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 has remained the same. 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

- People experienced positive caring relationships with the staff team. A person said, "I can get up when I want to, I've lived here for a long time, It's very pleasant." A relative said, "They [staff] are kind to my relative."
- People praised the caring attitude of the staff who supported them. Some people whose first language was not English were able to communicate with staff in their own language.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in making decisions about their care.
- Some relatives of people told us they had not seen their relative's care plan. We spoke with the manager about this who said not all relatives were shown their relatives care plan as some were not their family member's representative. They explained they would ensure they involved all family representatives in the future.
- Staff were knowledgeable about people's history, preferences and individual needs. People's individual needs were preferences were recorded and updated on their records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff.
- People told us staff treated them with dignity and respect. A person said, "My privacy is always respected."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. Signs were displayed on doors to indicate the room was engaged.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.
- People were encouraged and supported to maintain their independence and this information was included in care plans.

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 the same. 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

- Care was personalised and detailed in care plans. This enabled staff to provide an individual service. A person said, "My bedroom is comfortable, it's excellent here."
- Care plans were regularly reviewed and updated. They included information on how best to support people with personal care and other day to day activities. They also included information about people's health needs and the care people required to manage their long-term health conditions.
- Staff were aware the way people's health conditions affected their behaviour and responded appropriately in managing this.
- Daily records were kept and reviewed regularly by the management team. There were handovers between shifts to ensure that all staff were up to date with people's needs.

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.

- People's communication needs were recognised and met people's AIS needs. The way that people expressed pain and discomfort was clearly described in care plans. We also saw where pictorial information had been produced for a person whose first language was not English. However, daily menus were not accessible to everyone as they were fixed on a wall in the dining room. This prevented people with mobility needs being able to see them. We spoke with the manager about this and said they would look to improving this display to become more effective in meeting people's communication needs.

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 were supported to maintain relationships with people who were important to them.
- Relatives and friends could visit the home at any time and told us they were made welcome by the staff team. A person said, "I can have visitors whenever I want." A relative said, "We are always made to feel welcome."
- A wide range of activities were planned to suit people's choices and people were encouraged to take part in activities spontaneously. For example, the organised activities were changed on the day of our visit to allow the 'book club' to discuss a book people were reading. A person said, "There is plenty to do, there's no time to get bored."

Improving care quality in response to complaints or concerns

● People were provided with information on how to make complaints when they first started using the service, and this message was reinforced at residents' meetings.

● The service had a complaints policy. This set out how complaints should be recorded, investigated and learned from. We saw there had been three complaints recorded in the past 12 months. These had been investigated and people had been responded to in writing. Auditing of complaints was thorough and had not revealed any trends or themes.

● Relatives told us they knew who to speak with if they had any concerns, and they were confident these would be dealt with appropriately.

End of life care and support

● People and their relatives were supported to plan for the person's end of their lives.

● Some people were admitted from hospital for end of life care. Care plans were prepared in advance and were reviewed and changed when people's needs altered.

● Staff had received training in how to support people at the end of their life and had a good understanding of this subject.

Good

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service spoke positively about the management team and staff and knew who to speak with if they had any issues. People felt the service was well managed and the manager and staff were friendly and approachable. One person said, "They have resident's meetings, the manager would listen to me."
- People and most of their relatives knew the new manager and regularly saw them around the home. Two relatives told us they were unaware who the manager was. We spoke to the manager about this who said they would attempt to meet with all relatives in the future.
- Staff told us they felt supported by the new manager, and felt they were trying to improve the staffing numbers to more effectively meet people's needs.
- Procedures were in place which enabled and supported the staff team to provide consistent care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. The manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis. Staffing levels had been audited recently and the area quality director had approached the quality director to agree the staffing number increase.
- The auditing systems were also overseen by the area quality director who had the responsibility to ensure the safety levels and quality of service in the home.
- The manager understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The manager was also aware of their responsibility to display their rating when this report was published.

The rating for the last inspection had been displayed in the home and on the provider website.

Engaging and involving people using the service, the public and staff

● People using the service and their relatives or representatives had been given the opportunity to comment on the service provided. Surveys and regular meetings had been used to gather people's thoughts and suggestions.

● We spoke with people about the meetings, the dates of which are advertised in advance. One person said, "I attend the residents' meetings, they listen to what's said and act on it."

● Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care.

● The manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the latest questionnaire. Comments were acted on by the previous registered manager. The next annual questionnaire was about to be distributed to people and where appropriate, their relatives.

● Staff valued learning and told us when they had requested further training this had been arranged.

Working in partnership with others

● The manager demonstrated how they worked in partnership with local hospitals, commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.

● The service worked with other professionals including specialist nurses, social workers and GPs to ensure continuity of care and good outcomes for people.

● The service had recently benefitted from a volunteer group from a local supermarket chain that had upgraded the garden area.