Parkhaven Trust

Harrison House

Inspection report

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Ratings

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

Overall summary

Harrison House provides accommodation for up to 24 older people. The home is situated in grounds which form part of the Parkhaven Trust who are the provider organisation.

This was an unannounced inspection which took place over two days on 6 & 11 May 2015. The service was last inspected in January 2014 and was meeting standards at that time.

At the time of the inspection the registered manager had left the home to move to another position at another service with the same provider as a planned move. There was a new acting manager who advised us they would be applying for registration. 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.

When we spoke with people living at Harrison House they told us they were settled and felt safe at home. All of the people we spoke with commented on consistent good standards of care.

Summary of findings

To support the 22 people accommodated at the home on our inspection there was normally a minimum of five care staff. We saw from the duty rota that this staff ratio was consistently in place to provide safe care.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found the home were good at managing risks so that people could be as independent as possible. We spoke with health care professionals who supported people in the home. They felt that staff managed people's care needs well and this included ensuring their safety.

When asked about medicines, people said they were supported well. We saw there were good systems in place to monitor medication safety and that staff were trained and assessed to help ensure there competency so that they received their medicines safely.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. We were concerned with one risk that had been identified by routine checks carried out by staff had not been reported through to maintenance for action. This exposed people to risk for an unreasonable length of time. The manager said they would ensure that any such issues were reported through more effectively in the future.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs. People we spoke with, relatives and health care professionals were aware that staff had the skills and approach needed to ensure people were receiving the right care.

We saw that the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions.

People told us the meals were good and well presented. We observed and spoke with people enjoying breakfast and lunch. We were told that breakfast was flexible and there was always choice available with all meals.

We asked people if they were treated with dignity, respect, kindness and compassion. People said their privacy was respected and they were well cared for. Comments include: ''The staff here are lovely - all of them'', '' We are very well looked after'' and ''I like living here. I've been here a long time and love it.'' We made observations at times throughout the inspection. The interactive skills displayed by the staff when engaged with people were supportive and people's sense of wellbeing was very evident.

We found that care plans and records were individualised to people's preferences and reflected their identified needs from admission and during their stay. There was evidence that care plans had been discussed with people so they felt involved in their care. The manager said this would be developed further to ensure people's involvement was more formalised.

Social activities were organised. These were both community activities and also some individualised activities and outings. There was a staff member who organised and supported activities in the home.

Well-developed processes were in place to seek the views of people living at the home and their families. The manager was able to evidence a series of quality assurance processes and audits carried out. These were fairly comprehensive and helped ensure standards of care were maintained consistently as well as providing feedback for ongoing development of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

We found that people had unnecessarily been exposed to a risk because an identified hazard had not been reported through effectively.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance. There was a lack of clear policy and monitoring of medicines to be given when needed [PRN].

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

We found the home supported people to provide effective outcomes for their health and wellbeing.

We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Is the service caring?

Good

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People spoken with where satisfied with support offered and said this was of a consistent quality.

We observed positive and caring interactions between people living at the home and staff. Staff treated people with privacy and dignity.

Summary of findings

People we spoke with and relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Health professionals working with the home spoke highly of the staff's caring attitude and how this was applied in daily care.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

The manager to the service was newly in post and was applying for registration to the care quality Commission.

We found an 'open' and responsive culture in the home and the organisation that helped promote good service development.

We found the manager and staff to be open and caring and they spoke about people as individuals. This was evidenced throughout the interviews conducted and the observations of care and records reviewed.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

Harrison House

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 6 and 11 May 2015. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We were not able to access and review the Provider Information Return (PIR) as the manager had not received a request for this before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did review other information we held about the service.

During the visit we were able to speak with 12 of the people who were staying at the home. We spoke with three visiting family members. As part of the inspection we also spoke with, and received feedback from, four health care professionals who work with the home to support people.

We spoke with eight staff members including care/support staff and the manager. We looked at the care records for three of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home, relatives and staff. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge areas.

Requires improvement

Is the service safe?

Our findings

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported to the maintenance department and the area needing repair made as safe as possible.

One example of this was regarding hot water temperatures identified by us on the inspection which may have resulted in a risk of scalds for people living at the home. This was reported through by the manager and there was a quick response by the maintenance department and the situation made safe.

We were concerned, however, that the risk had been identified some weeks previously [on 15 and 21 April 2015] by routine checks carried out by staff but the information had not been reported through to maintenance for action. This exposed people to risk for an unreasonable length of time. The manager said they would ensure that any such issues were reported through more effectively in the future.

We saw some documented evidence that regular checks were made including nursing equipment and fire safety. For example a detailed 'fire risk assessment' had been carried out and updated at intervals. Personal evacuation plans [PEEP's] were available for the people resident in the home.

We spot checked other safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date.

We found Harrison House were good at managing risks so that people could be as independent as possible. People we spoke with who lived and visited the home told us that safety was not an issue. One person said, "Yes I feel very safe. People have to ring a bell to be let in and the side gate is locked and the conservatory as well." Two other people told us that they often went shopping together; staff encouraged them to take their mobile phones with them in case they needed any assistance.

One person family expressed concern about their relative's safety regarding the location of open stairs and the risk of falling. When we looked at the person's care file we saw this risk had been assessed and there were some remedial actions on place to help reduce this risk. When we spoke about this to the manager they spoke again to the family to reassure them and also contacted the estates manager to see if any more measures could be considered to further reduce the risk. Other care records we saw contained routine risk assessments for people being admitted such as falls risk and a moving handling assessment to help ensure safe mobility. These measures helped ensure the people retained their independence but remained safe as possible

We asked about staffing at Harrison House. To support the 22 people accommodated at the home on the days of the inspection there was a minimum of five care staff [including the senior carer or manager]. This number was normally reduced to four in the afternoon. There were two care staff covering the night duty. Speaking with staff we were told that this number had been increased recently. The reasons given were an increase in the dependency of people's care needs. This showed that the provider was assessing and responding to the changing care needs of the people living at the home.

The care staff were supported by ancillary staff such as a chef /cook, and domestic staff. People we spoke with told us that they thought there was enough staff on duty day and night to meet their needs. Most people were very independent and only enlisted the aid of care staff at bath or shower times or when they were confined to bed. We spent time in the lounge and dining area. We saw staff constantly present to support people. We saw people receiving support to mobilise [for example] and staff were not hurried and took their time to ensure people's safety and wellbeing.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

When asked about medicines, people said they were supported well. Some were prompted by staff to ensure they took medicines on time; others were given medicines at appropriate and correct times by staff. We saw part of the morning medication round and this was carried out safely so people got their medicines and they were recorded as per the home's policy; following each individual administration the records were completed by the staff. We did witness one oversight when a staff member did not effectively oversee a person taking their

Is the service safe?

medications – this was discussed with the staff in charge at the time. However, the competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or deputy and updates around medication administration were also organised. Overall this process helped reduce the risk of errors occurring.

We saw medicine administration records [MAR] were completed to show that people had received their medication. We saw that people's medicines were reviewed on a regular basis. Records confirmed this. We spoke with visiting health care professionals who told us staff were proactive at getting appropriate medication reviews for people.

We discussed other areas of medication administration. We were told that many of the people staying at the home had 'capacity' to make their own decisions about their medicines. Self-medication was encouraged and staff were able to give some examples of this which helped promote their independence.

We looked at how medicines were audited. A visiting senior manager carried out regular audits of medicines in the home. These continual checks helped ensure safe practice as they were identifying issues that were fed back to staff to help improve safe administration. We discussed how the audit could be improved to include some areas that we found to be less consistent. For example not all 'give when needed' [PRN] medicines were supported by a care plan to help ensure consistency of administration. When we looked at the medication policy in use it did not reference PRN medicines and their use and monitoring. The manager advised us this would be discussed and actioned.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw there was a clear line of accountability regarding the reporting of any allegations.

There had been two safeguarding incidents that had occurred since the last inspection. These involved the reporting by the [then] manager of an incident in the home and a more recent example of involving a person with a pressure ulcer and the management of this. The home demonstrated they were keen to liaise and work with the local authority safeguarding team and agreed protocols had been followed in terms of reporting and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available and a policy was available for staff to follow.

Good

Is the service effective?

Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

We spoke with visiting health professionals who supported people at Harrison House. They told us care staff were 'really caring' and the atmosphere in the home was 'homely' and always welcoming. We were told care staff worked well with professionals to achieve good outcomes for people. One professional told us, ''I have no concerns; the staff are very proactive and careful and will report any changes [to people's health].''

We looked in detail at the support for one person. The person's care file included evidence of input by a full range of health care professionals. There was a care plan which showed evidence of the person's involvement. There were daily notes from the care staff which detailed how care had been carried out. In addition we saw that staff were completing various charts / observations on a daily basis which had been recommended by visiting health care professionals to monitor the persons care needs.

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The manager supplied a copy of a staff training calendar for training planned and we looked at records of staff training for two staff members. We saw training had been carried out for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. Staff told us they had other training such as sessions covering dementia awareness.

The manager told us that many staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where over 70% of staff had attained a qualification. Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions and staff meetings. We were shown a copy of the last staff survey that had been carried out. Staff reported they were asked their opinions and felt managers acted on feedback they gave and this helped them feel acknowledged and supported.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. Most people being supported at the home had the capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care. For example we saw a DNR [do not resuscitated] decision had been made for one person. This showed the person had been consulted and consent given and followed good practice guidance in line with the MCA.

We discussed some inconsistencies noted however. For example two of the care records we reviewed had care plans signed by relatives when both people concerned had the capacity to consent themselves to care. One of these was the same person who had consented to the DNR. The staff explained that one care plan had been drawn up when the person was ill and could not be effectively consulted. The manager said these would now be reviewed.

The home did not support anybody who was on a Deprivation of Liberty Safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved, however, if a referral was needed.

People we spoke with told us that the meals were good and that there was always plenty to eat. We noted that people were given a choice of meals at breakfast, lunch and tea time. People had voted at a residents' meeting to have the main meal at tea time as lunch at 12:15pm after a late breakfast was too soon. People seemed to enjoy their meals and ate at their own pace. We saw regular hot and cold drinks were served throughout the day. On the days of the inspection none of the residents required help or prompting eating their meal.

The only menu available to residents was on the wall in the dining room which was written in blue chalk on a black background making it very difficult to read. People chose what they wanted to eat when the cook read out to them

Good

Is the service effective?

what was on offer that day. We discussed the fact that access to a menu that people could browse and choose from would empower people and could make meal times a more pleasurable experience.

Good

Is the service caring?

Our findings

Visitors told that they were always made welcome and were offered refreshments whenever they visited the home. One visitor told us that they had taken their relative out for the day and arrived back at the home after tea had been served. Both visitor and resident were given sandwiches, tea and cake. We observed that visitors could visit their relatives in private if they wished by going to the person's room or going into the conservatory.

People who lived at the home said they were well cared for. Comments included: ''The staff here are lovely - all of them'', '' We are very well looked after'' and ''I like living here. I've been here a long time and love it.'' One relative said, "I can't give my [relative] the twenty four seven care [they] deserve. The care she gets here is the next best thing. She is never lonely, never on her own, always someone to look out for her - and us.''

People we spoke with told us that the care workers were polite, respectful and protected their privacy and dignity. One person told us that when they had a shower the carer always put the curtain round the shower and only entered the curtain when the person asked for assistance.

We observed care staff escorting people to the toilet and when the red light alerted the care staff that the person had finished the staff knocked on the door and waited till they were asked to come in.

We asked people if they were treated with dignity, respect, kindness and compassion. One person we spoke with told us, ''I'd give it five stars – It's excellent. Everybody has been lovely, the food is great and I've really enjoyed my stay.'' These sentiments were echoed by other people we spoke with at the inspection. There were no suggestions as to how the service could be further improved. Staff were particularly noted as kind, helpful and caring.

People told us they felt they were listened to and staff acted on their views and opinions. There were regular meetings where people could voice an opinion. Minutes of these meetings were posted in the home.

Staff told us that they did spend time 'talking' with people. We made observations at times throughout the inspection. The interactive skills displayed by the staff when engaged with people were seen to enhance people's sense of wellbeing. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support. Staff were always on hand. We noted there was positive and on-going interaction between people and staff.

There was some information available in the home for people which was mainly displayed in the entrance foyer. This included information on notice boards as well as leaflets and information guides available. We discussed how some key information such as the complaints process was not very well advertised and the information relating to the home could include fuller information. The new manager said they would review this.

We could not see any information regarding advocacy service on display in the home apart from the local government ombudsman. The manager sent us some information following the inspection to tell us that advocacy services had been used for people in the recent past. One example of this was a person who was referred and also supported by the staff/service after experiencing financial issues. The person was supported to ensure their solicitor took over their financial responsibilities appointed by the courts to do so. The manager told us they would look at improving the available information on advocacy.

We saw evidence in their care files that people were involved in their care from admission and ongoing. We also saw examples were people had been included in assessments and care planning so they could play an active role in their care. We saw that one person was receiving support and input to meet care needs towards the end of their life. This was being managed with the inclusion of the person and good liaison with health care support.

Good

Is the service responsive?

Our findings

We asked people staying at Harrison House how staff involved them in planning their care. People gave positive responses and said they felt involved in any decisions about their care. We looked at the care record files for three people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs from admission and during their stay. There were entries around people's wellbeing in terms choice of religion and they benefited from regular visits form local church members. The manager explained that they were to introduce a more detailed assessment of people's individual preferences and choices regarding their daily routine and we saw a draft of this assessment.

There was evidence that care plans had been discussed with people. We could see from the care records that staff reviewed each person's care on a regular basis. Staff told us that all of the people staying were discussed daily and there was a daily entry recorded in people's care files regarding their care. We saw a staff handover where important information was shared.

Although we saw evidence in care files of people's involvement, none of the people or relatives we spoke with had any idea what a care plan was or said they were encouraged to participate in their care plans. The manager explained that a more formal system of ongoing review was being introduced so that that at regular intervals there would be formal documented reviews of the care plan and these would involve the person concerned and also their relatives if needed. This would reinforce formal involvement with the care planning system.

We asked about activities for people and how people spent their day. When we spoke with the activities co-ordinator she told us that she worked three afternoons a week to help devise a programme for people if they wished to join in. On the day of the inspection we sat in on a quiz designed to help to prompt memory where people were shown pictures of celebrities and old movie stars for them to identify. Some of the people we spoke with preferred not to join in the activities and chose to stay in their own rooms.

Some activities were more personalised. One visitor said, "They [staff] empathise with [relative] needs; she loves music they play her tapes for her that we have brought in." Some of the people told us that the staff take as much time as they can to sit and chat but sometimes they are rushed off their feet. One resident said, "I love it when [staff] paints my nails for me."

Two people were very keen gardeners and had been encouraged and helped by the staff to design and tend a number of plants in pots that sat on the raised decked area outside the conservatory. These people often went to the garden centre to buy plants. We saw the activities co-ordinator arranging a visit to a nearby garden centre. It was decided that other people who wished to join them could as the activities co-ordinator had the use of the company people carrier on that day. All agreed that they would have afternoon tea at the garden centre.

Residents' meetings were held on a regular basis. We saw the minutes of the last meeting where 15 residents and two members of staff participated.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We could not find any obvious display of the complaints procedure in the home and the information we saw [brochure] advertising the home did not have a complaints procedure in it. The manager said this would be addressed. We saw that any complaints were monitored by the provider's quality auditing system and reported on. We saw a 'corporate performance report' for the last quarter of 2014, which included Harrison House, and which recorded no complaints received.

Good

Is the service well-led?

Our findings

At the time of the inspection the registered manager had left the home to move to another position at another service with the same provider. This had occurred very recently and was a planned move by the provider which we had been informed of. There was a new acting manager who advised us they had applied for registration. The application was made quickly and is currently being processed by us [the Care Quality Commission]. The manager told us they aim to provide good, safe care and to build a solid staff team. The manager advised us they would be splitting their time between Harrison House and another small residential service in the vicinity.

All the people living at the home and relatives we spoke with knew who the manager was. They all thought the manager was a very visible presence and felt confident and happy to approach them with any concerns they may have. We saw that the manager interacted politely with people who lived at the home and people responded well. Although the manager had only been in post for a short time they were able to speak in some detail about the residents and their relatives. The manager was supported by a deputy.

A process was in place to seek the views of people who stayed at the home and their families. We saw the results and analysis of a 'service user' survey from December 2014. This showed a high level of returns form people. The survey evidenced people were generally very satisfied with the home. There were positive comments recorded regarding staff attitude in particular. Some comments recorded alluded to not enough staff at times. We saw this had been addressed with increased staffing numbers recently. This shows the service not only listens to what people are saying but also acts on the information given to improve the service. In addition to this there were regular meetings in the home to get people's opinions.

We also saw the results of a staff survey conducted by the human resource manager. This covered many areas and was very detailed. The analysis displayed an open culture from the provider and a willingness to listen and address any negative feedback. Staff mainly expressed a high level of satisfaction in working for the provider.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. For example we saw a health and safety audit of the building carried out in October 2014 which identified obvious hazards in the environment and any repairs needed. This was supported by more comprehensive maintenance checks carried out regularly by the estates department for the provider. We looked at how accidents and incidents were recorded and saw that these were also audited by the provider at a corporate level to see if any patterns existed or lessons could be learnt. This analysis was very detailed and any issues could be fed back to the home manager.

We did notice that some of the auditing was not always followed up in good time. Examples being the reporting of high water temperatures and also the lack of an action plan requested by an infection control audit carried out in October 2014 by Liverpool Community Health [although only minor recommendations were made and the service were 'compliant']. Generally, however, monitoring had been effective in identifying issues and addressing any service development needed.

A monitoring report was seen carried out by two visiting members of the Parkhaven Trust board. This included reporting on people's feedback about the service. The recommendations made had been addressed.