

Mrs Mavis Turner

# Harvelin Park

## Inspection report

2 Harvelin Park  
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Lancashire  
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Tel: 01706839888

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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?

Good ●

# Summary of findings

## Overall summary

Harvelin Park is a residential care home for 6 people with learning disabilities. The home is an attractive bungalow set in a peaceful area of Calder Valley.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received support which was individual to their needs, and risks were minimised wherever possible. Staff received training and support which helped them be effective in their roles. We saw people chose what they would like to do with their time and who they spent this with. The registered manager ensured the quality of the service was monitored, and improvements were made when required.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well led.

# Harvelin Park

## 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 a comprehensive inspection which took place on 09 November 2017 and was unannounced. At the time of inspection 6 people were living at Harvelin Park.

The inspection was carried out by one 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. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A 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 contacted the local authority and Healthwatch, to ask if they had information about the service they could share with us. Healthwatch is an independent consumer champion that gathers feedback from people about health and social care services in England. No information of concern was shared.

We looked at two people's care plans and two medicines administration records and stocks relating to people using the service. We also looked at other records relating to the running of the service including: two staff recruitment files, records relating to training, supervision and appraisal of staff and quality monitoring activities.

During the inspection we spoke with the staff on duty. The registered manager was on annual leave. In addition we spoke with two people using the service about their experience of using the service, their impression of the quality of care and support they received, and whether they had any concerns about the service. We spoke on the phone to the registered manager on their return.

# Is the service safe?

## Our findings

We spoke with two people who told us they felt safe. One person said, "I feel safe here. If I didn't, I would speak to my Key Worker [name of keyworker]. I'm not on any medication. I can do the things that I want to do and I think that the staff treat me with respect."

People were protected from abuse and harm by staff who understood the principles of safeguarding and understood when and how to report any concerns. They had confidence the registered manager would act appropriately on any concerns brought to them.

Further protection for people was in place as risks associated with risk management had been thoroughly assessed. There was guidance in place for staff to follow to ensure risk was always minimised where possible. The provider had a proactive approach to positive risk taking.

We saw staff throughout the day support people in the community. Staff told us, "We are not short of staff here. We have people who have 1:1 support in the community and we always have enough staff to support them. We do not use agency staff. We don't need to." We looked at the rotas and these confirmed there was enough staffing to support people's individual needs.

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way.

People using the service lived in a homely, well-maintained environment. The home had employed a cleaner to ensure all the communal areas of the home were clean. We saw the cleaner using gloves and aprons throughout the day when completing these tasks. People were encouraged where appropriate to clean their own rooms.

Staff told us the cleaner had just started working in the home. One staff member told us, "It's great now we have the cleaner as we can do what we do best support people. The home will improve now in relation to the cleanliness. The registered manager recognised we needed this."

## Is the service effective?

### Our findings

People we spoke with all told us staff were skilled in supporting them. One person told us, "Staff are lovely."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection two people had a DoLS on place and another had been applied for.

We saw evidence to show people were involved in making decisions about their care. People's capacity to make specific decisions was well documented, with procedures in place to ensure people received appropriate support to make choices when they lacked capacity to do so. Where people had capacity we saw they had signed documents indicating their consent relating to decisions such as being photographed and the sharing of records relating to their health and social care professionals. We saw evidence in care plans in relation to involvement from outside professionals. We saw people accessed the dentist and opticians.

We found staff training was up to date, and staff always had sufficient supervision to ensure they remained effective in their roles. Staff had good knowledge of people in the home in relation to their preferences, likes and dislikes. One member of staff told us, "We all work as a team and support each other. Communication is a key factor and we are a small team; it works and I feel we are consistent."

Some people using the service prepared their own meals, with assistance from staff as required. People did their own shopping which ensured they could make choices based on dietary or cultural requirements. Staff understood the importance of promoting healthier diets and said they made suggestions when appropriate but respected people's right to eat the diet of their choice.

We saw people's rooms were decorated individually to the person's preferences and choices. We saw individual pictures, photographs and posters of pop stars located in their rooms. One person said, "I like my room I helped put the pictures up. Would you like to see it?"

## Is the service caring?

### Our findings

People we spoke with said they were well cared for by staff. One person said, "The Staff are kind. [Name of key worker]. They do leave me when I want privacy in my room with my music and things."

We observed staff knocking on people's doors and waiting for the person to answer to say if they could go in or not. Staff were mindful of when people needed privacy and their own time to relax. We observed this throughout the day of inspection.

There was good interaction between people living at the service and the staff. We observed people laughing and joking with staff whilst they sat in the communal areas. One person was supported in a quiet area of the home as they had become agitated. We saw staff present in the room at this time without crowding the person. We did not see any poor interaction throughout our inspection. We found staff to be attentive to people's needs throughout. People looked to be relaxed in their own surroundings with staff. People were free to go where they wanted in and outside the home.

Documents we looked at showed people were involved in their care plans and families where involved where appropriate. We saw these were tailored to individual need and preference.

## Is the service responsive?

### Our findings

We spoke to people about their activities and hobbies. One person said, "I can do what I want really. I go to the computer room downstairs at the other house quite often. On Wednesdays I go to day centre and one day a week, I go out with staff; this is my choice. I do things like bowling, or go shopping in Todmorden or occasionally Leeds. I like walking the dogs and I like having the dogs and cat living here with us." Another person said, "I go out to the pub, shops, bowling. I do what I want."

People's preferences were well documented. Plans were reviewed regularly to ensure they remained up to date and responded to changes in people's needs. We saw people participated in this process. Where people preferred to have additional support from family and friends, we saw this was respected.

There were policies and procedures in place to ensure concerns or complaints were responded to appropriately. There had been no complaints since the last inspection. We spoke to one person who told us, "I haven't had to complain about anything."

We saw evidence in one person's care plan around end of life. This person had declined to talk about it. We spoke to staff who said, "We would not just leave it at that we will review again at the next care review meeting."



## Is the service well-led?

### Our findings

At the time of inspection there was a registered manager. However they were on annual leave. 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.

We reviewed what the provider told us in the PIR. They said, 'Taking on board best practice ideas from the local Council. Liaising with other professionals. Training staff to management levels so we have well qualified staff at all times'.

Staff told us the registered manager was visible in the home and took an active role. One staff member said, "She works shifts here and does sleep ins on a night. I feel we are very well supported." Another member of staff said, "The manager is lovely if I have a problem I can go speak to her. We are valued and she takes on our feedback at staff meetings and always looks into things we have suggested."

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards forward. Audits included accident and incident analysis, medication audits and supervision and training.

We saw questionnaires had been sent out last year which showed that relatives strongly agreed with how the home was run. This year's questionnaires had not gone out at the time of inspection. One relative said the home could have been a bit cleaner. The registered manager had acted upon this by employing a cleaner. People told us they had key worker meetings and could talk about the home, activities and anything else they wanted to discuss.