Mrs Valerie Murray

Harewood House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 30 March 2016. At our last inspection in March 2014 no concerns were identified.

Harewood House is a residential home providing accommodation for up to seven adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were six people living at the home.

The home had a registered manager in post. 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.

People felt safe living at the home. Staff demonstrated they knew how to keep people safe from harm or abuse and knew how to report any concerns. Risks to people were identified and were managed in a way that supported people to remain independent. People received their medicines on time and as prescribed. Medicines were stored safely and securely.

People were supported by sufficient numbers of staff to meet people's individual needs. The provider ensured staff recruited to posts were trained to meet the care needs of people living at the home.

People were supported to access healthcare professionals when required to ensure their health needs were met.

Staff gained people's consent before carrying out care and support and the provider had taken appropriate action to ensure people's rights were protected. People enjoyed the food and had choices regarding their meals.

Staff were kind and caring. Staff understood people's choices and preferences and respected their dignity when providing care.

People had access to a wide range of different leisure activities and were supported to maintain relationships that were important to them.

People knew how to make a complaint and felt their concerns would be listened to. Relatives told us they felt comfortable raising any concern or complaint with the registered manager or staff members.

There were new audit systems in place to monitor the care people received this included gathering feedback from people and relatives. However we found information was not used to identify issues or trends that would improve the quality of care people received.

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.

People had risk assessments that were clearly documented and known by staff.

People were supported by staff who were confident in their knowledge of how to ensure people were safeguarded against possible abuse.

People received medicines that were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and had the knowledge and skills to support them.

People's nutritional needs and preferences were known and responded to.

People were supported by staff who received regular supervision and an annual appraisal to monitor their performance and development needs.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

People and relatives found staff to be friendly, caring and respectful.

People's routines were flexible and staff supported people in accordance with their support plans.

People's dignity and privacy was respected.

People were encouraged to be as independent as possible.

People were supported to maintain important relationships. Relatives were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported by staff take part in social activities in and outside the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager had systems and processes in place to assess and monitor the quality of services. Improvements were needed to identify trends or patterns which would improve the quality of care people received.

Surveys had been completed but had not been analysed and it was not clear whether or not they had been used for learning and improvements.

People and staff were complimentary about the registered manager.

Staff understood their roles and responsibilities.

Harewood 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 was planned to check 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 inspection took place on 30 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We spoke with five people. We also spoke with one relative about their views on the quality of the care and support provided. We spoke with the registered manager, and one member of staff. We also spoke with four health care professionals to gain their views of the service and representatives from the local authority contracts and compliance team.

We looked at records of complaints, incidents and accidents. We reviewed four care records and four medicines administration records (MAR) charts. We viewed six records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

We looked at information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements. We also made contact with the local authority contracts team.

Good

Is the service safe?

Our findings

The Service was safe.

People told us they felt safe. One person said, "It's good here, I like it, I feel safe". Another person said, "Yes, I am safe here, of course I am". Staff gave people reminders about safety in their routine. For example, staff reminded people to be careful when eating and drinking in case it was too hot. They also reminded people whilst they were cooking that the cooker was hot.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who was at risk of poor mobility. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well to ensure their wellbeing and to help keep people safe. Systems were in place to enable people where appropriate to take
responsible risks as part of an independent lifestyle. There was a 'can do' rather than 'can't do' attitude, for example, staff confirmed that one person was able to make their own breakfast despite having a sensory impairment. We spoke with the person and they confirmed that they were happy with this arrangement as it helped to maintain their independence and self-esteem. Environmental risks, for example, those relating to the service's fire arrangements were in place. In relation to the latter, there were no areas for corrective action highlighted.

People were supported by staff who demonstrated a good understanding of Safeguarding and whistleblowing procedures. Staff knew the signs to look for that might suggest a person may be being abused and staff felt confident to report any concerns to the manager and the local safeguarding authority. Where people's behaviours may challenge the service or others, staff were aware of techniques to use to de-escalate potentially harmful situations and to report any incidents, with referrals to safeguarding as required.

People were supported by staff who recorded incidents and accidents so that they could be analysed for any trends. The manager looked at these on a monthly basis. Staff confirmed they discussed incidents and accidents so that there were opportunities to prevent similar situations from occurring again. This was confirmed by the communications book and staff meeting minutes which recorded incidents discussed and highlighted positive strategies to avoid or minimise similar reoccurrences.

Staff recruitment practices were thorough which protected people from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. Staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All staff had been checked against the disclosure and barring (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff told us this

practice was followed when they had been recruited and their records confirmed this. The registered provider had a disciplinary procedure in place to respond to any poor practice.

People had personal evacuation plans that identified what support they might need in the event of an emergency. Staff understood emergency evacuation plans and discussed these where appropriate with people who lived at the home. One person told us if they heard the fire alarm they would, "go to the safe place outside". Staff confirmed they practiced the fire drill on a monthly basis and also showed us the "Grab Bag" which contained information on people, their medication and useful contact numbers.

We found people's bedrooms; bath and shower rooms and various communal living spaces and laundry space were suitable and safe. For example, fire-fighting equipment was available, emergency lighting was in place and all fire escapes were kept clear of obstructions. Floor coverings were appropriate to the environment in which they were used and posed no trip hazards. There were environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date. The hot and cold water temperatures were taken and recorded, therefore the effectiveness of the control regime for legionella at the home was correct.

People had their medicines administered safely and in a timely manner and staff responsible for administering medicines had all received training. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete and people had received the medication they had been prescribed. We asked staff about the safe handling of medicines to ensure people received the correct medication and they were knowledgeable about the procedures. We saw one person was prescribed a particular medicine and we asked staff what precautions must be taken for people taking this medicine. Without any hesitation they told us of the checks they would carry out to ensure people's safety was maintained.

There were records for 'as needed' (PRN) medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious. Staff were able to tell us in what circumstances they would offer PRN medicines. We were told the medicines policy did not include covert medicines. This is when medicines are concealed and administered to the person. We raised this with the registered manager who confirmed they would address this and that no one currently was receiving medicines covertly.

There were enough staff with the right skills and experience to care for people safely and meet their needs. The staff duty rotas demonstrated that there was always one staff on duty during the day during the week, as most people were out during the day at work and community programmes. Two staff were on duty during the day at the weekend, when most people were at home, to support people to go out shopping or on trips, and there was one sleep-in member of staff during the night. The rotas showed there were sufficient staff on shift at all times.

Staff told us if a person telephones in sick, the person in charge would ring around the other staff to find cover. We were told that this rarely happens as it is a small service and staff covered for each other when necessary. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty especially on the weekends to enable people to go to planned activities, like going shopping or going to the cinema. Staff told us there were always enough staff to support people. There was a stable staff group, as staff told us that they had worked at the service for some time and they said that they know the people living there very well.

The home was visibly clean and we saw staff engaged in cleaning tasks, sometimes alongside people they supported; staff we spoke with said this was to develop people's skills in independence.

Good

Is the service effective?

Our findings

The service was effective.

Staff knew people well; they had the knowledge and skills to look after them. We saw that staff encouraged people to make their own decisions. Staff asked people when they would like their breakfast, how they wanted to spend their time and whether they wanted help with personal care. People and staff spent time together unless people wanted privacy in their own rooms. Staff were attentive and provided support by responding to requests and providing discreet support. This promoted a family feeling between staff and people. People told us they were confident in the skills and experience of the staff and staff explained they spent individual time with people to get to know them well. For example, one member of staff told us about an important part of people's weekend routines and explained how this enhanced their confidence.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One staff member told us, "It's about protecting people who need support to make decisions". 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. Care records showed the service recorded whether people had the capacity to make decisions about their care and everyone in the home did.

Staff told us that it was essential they maintained consistency as that was important to people. Therefore, staff sickness and holidays were covered by existing staff or by the use of bank staff.

People were supported by staff who received on going training and support, which enabled them to deliver good quality care. Staff in the past had completed an induction checklist and staff told us any induction included a shadowing period alongside a more established staff member. The registered manager had established a training programme and incorporated training that was provided from the local authority to keep the training current and interesting. The registered manager told us the training programme was developing and was incorporating further training from a local training provider. This training provider worked with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. Training records confirmed there was a full training programme in place and staff received regular updates. Staff told us they received training which included safeguarding, infection control, food hygiene and the mental capacity act and deprivation of liberties safeguards.

Staff told us they were satisfied with the training opportunities and said, "The training provided is good, we have lots of opportunities to attend different training." Staff also had the opportunity to attend further specific training to inform staff how to meet individual needs. For example, further training was provided on supporting people with epilepsy. Staff were able to talk about epilepsy care pathways. Staff were seen to approach people in a relaxed and un-rushed way, which supported people with epilepsy appropriately. This

showed that management set the standards of work and staff understood what was expected of them to care for people safely and effectively.

Staff were also encouraged to undertake recognised training including a diploma in health and social care. Staff told us they valued both their formal and informal supervision sessions with the registered manager, which were used to discuss any concerns and any personal development. An annual staff appraisal was also undertaken with the registered manager and was used to discuss performance and career development. In this small service staff saw and talked to each other every day, therefore all up to date information about people was shared.

People were supported to eat a variety of food and drink to meet their individual needs and choices. These choices and preferences were recorded within their individual support plans and weekly menus, which people chose. People told us they liked the food provided and told us about their individual preferences. "The food is good and I enjoy the fish and chips, that's my favourite". Food was important to people living in the home and staff involved them in the preparation and discussions around their individual meals. Staff asked people what they wanted and there were always a number of options including lasagne, quiche, and salad.

We observed breakfast which was eaten at the communal dining room. Staff provided support when required but encouraged people to be independent. When support was required this was provided in a discreet way and enabled the meal to be eaten in an unrushed manner. Where people had specific nutritional needs these were responded to and monitored. For example, one person was referred to the dietician for advice on decreasing their weight. Following the dieticians advice, the person and staff devised a menu that would help the person lose weight. This weight loss was monitored with the use of weight charts until their weight had decreased to a healthy level.

People had health care plans with detailed information about their general health. These plans contained pictures and clear language to support people to understand their health needs. People with specialist healthcare needs were referred appropriately and had regular monitoring visits to ensure their health needs were met. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. One person said, "They go with me to the doctors." Health appointments were recorded in a professionals log in people's care plans. For example, one person had specific guidelines on epilepsy, which had been drawn up with a specialist nurse. This meant people were supported to access healthcare professionals when required.

Good

Is the service caring?

Our findings

The service was caring.

People spoke positively about staff who they described as friendly, helpful and kind. They felt staff respected them. One person told us, "My parents visit regularly and are always given a chance to speak to the manager" and "Staff always offer a cup of tea". People told us they had information about what was going on for example, what they were going to have for dinner, which staff were on duty each shift and what events were happening. The registered manager ensured that information was provided so everyone could understand it, for example, using "easy read" menus.

We observed people were relaxed and comfortable in the presence of staff, talking amongst themselves, and asking questions of staff and each other. There were good humoured interactions between staff and the people they were supporting. Staff spoke appropriately and respectfully to people, most staff had known people for many years and spoke affectionately about them and they showed that they understood people's individual characters and needs. Staff showed they understood people's individual styles of communication well enough to know their preferences and wishes.

A healthcare professional told us that communication from the registered manager and staff was good. A relative said they were always contacted about matters relating to the health and wellbeing of their family member, and they were consulted about any changes in care and treatment before these were implemented. They said they were asked to contribute their thoughts and felt listened to. They said that they had helped with information or been approached for information towards the development of the care plan.

Staff supported people to make choices and decisions for themselves in their everyday lives. For example, about how they spent their time, when they went to bed, what they wore, or did, and what they ate. Staff respected people's choices. Staff protected people's dignity and privacy by providing personal care support, if the person requested, discreetly. We saw and were told by people that they were able to choose where they spent their time when they were at home, for example, in their bedroom or the communal areas. Bedrooms had been personalised with personal possessions, family photos and preferred colour schemes and décor, reflecting people's specific preferences and interests.

People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits. People told us that their friends and relatives were always made to feel welcome by staff when they visited, and that staff were supportive of visits people made home to their families.

We saw that people's care records were held securely in the manager's office. This ensured the confidentiality of people's personal information.

Good

Is the service responsive?

Our findings

The service was responsive..

People received care and support that was responsive to their needs and personalised to their wishes and preferences. Support plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Support plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's support plan described in detail how staff should assist the person with their food choices because the person was at risk of becoming over weight. The plan gave the person as much personal choice over their food choices as possible while also keeping the person safe. Support plans were informative and gave staff the information they needed to support people. Daily records detailed the care and support provided each day and how people had spent their time. Staff gave feedback about people's changing needs to help ensure information was available to update support plans and communicated at handovers, therefore all the information held about people was relevant and up to date. People, who were able to, were involved in planning and reviewing their care. Most people told us they knew about their support plans and managers would regularly talk to them about their care and support.

People were able to take part in a range of activities in the community. Staff facilitated a different activity when people were at home. On weekdays, the majority of people chose to be involved in different community activities. One person had paid employment at a local café and one person at a large supermarket, while others enjoyed creative activities such as pottery and art. During weekends people were supported to go shopping in the local town if they wanted to. The registered manager explained that there was always extra staff on duty at weekends so people could be supported to go out and if more staff were needed, they would rota on extra staff. On the day of inspection everybody but one person went out to various community activities. People told us they felt they had enough social opportunities to give them fulfilled and active lives. However if people wanted to remain within the home, staff, for example, happily spent time painting one person's nails.

People's individual choices were respected and upheld. For example, people could attend church services if they wanted to. During the inspection we were told a person had a birthday coming up and this was going to be celebrated at a local village hall arranged by their family and everyone at the service had been invited.

People and their families were given information about how to complain and details of the complaints procedure. We looked at the complaints file and saw that there had been no formal complaints in the past 12 months. Staff told us that they had dealt with informal complaints but usually these were resolved by people being supported by staff in the background, without having to directly intervene.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led.

We saw that audits had been carried out covering all areas of the service and there had been a monthly quality assurance visit by the registered manager. We saw that there were areas of the environment that required some improvements, which had not been identified within the audits, which meant that people were not always protected within the home. The medicines audit was not dated which meat that the registered manager was unable to identify any shortfalls in recording or medicine errors accurately. We discussed the importance of keeping good records with the registered manager.

We saw that people had completed questionnaires to provide feedback on the service. We looked at these and found that people were happy with the service provided. For example, comments recorded were, "Always look forward to getting back to my friends" and "Never had any complaints." The manager said they were about to send the questionnaires out to relatives and staff. Although the registered manager told us they used the surveys to make improvements to the service it was not clear what changes had been made in response to surveys. We discussed with the registered manager the benefits for people and their well-being if those comments were analysed and a report written to show clearly the learning that had taken place and any improvements made.

We recommend that the provider seek advice and guidance on quality assurance systems in social care settings.

There was a staffing structure in the home, which provided clear lines of accountability and responsibility. Staff said they felt confident in their role and were aware of their responsibilities. They said that the manager ensured that they had the skills to do their job and were well supported.

The registered manager had a clear vision for the home that people should live a full and happy life and supported staff to support people to achieve this. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Everyone spoke highly of the manager. One person said, "[name] is always there, she's really good." Staff told us they had regular meetings, both one to one and team meetings and felt listened to. Staff said they felt supported in their role and felt confident to raise any concerns with the provider. Staff were aware of the whistle-blowing policy including raising concerns with external agencies if required. Whistle blowing means raising a concern about a wrongdoing within an organisation.

We observed that people using the service were encouraged to speak with the registered manager and the

staff about anything. During the inspection people approached the registered manager and staff, they were always made welcome and they stopped what they were doing to listen and offer help and advice, their calm and welcoming approach alleviated any anxieties people may have had.

People told us they felt involved in the home and "their views mattered." One person said, "We have meetings, I like them. It's about what we like doing in the home. "Another person told us, "[manager's name] makes time for us and we do have meetings about different things." We saw the manager had regular meetings with people and staff to ask for views and opinions. One person told us, "We get together and talk. We talk about everything." People gave positive feedback about the manager and the home. They said the manager was always available to discuss any issues and dealt with matters straight away.

We found the staff to be motivated, caring and trained to an appropriate standard, to meet the needs of all people using the service. They told us that staff meetings took place regularly with the manager. We reviewed the minutes from the staff meetings and found they covered areas such as, accident and incident de-briefings, actions in response to complaints, staff training and development and service improvement.

People's records accurately reflected their individual needs and how they were to be met according to their preferences and best interests. They were of good quality, informative, fully completed and up-to-date. All records were kept confidentially, if required. All of the registration requirements were met and the registered manager ensured that notifications were sent to us, when necessary. Notifications are events that the registered person is required by law to inform us of.