Leicestershire County Care Limited

Harvey House

Inspection report

Church Lane
Barwell
Leicester
Leicestershire
LE9 8DG

Tel: 01455843575

Date of inspection visit:
27 February 2018
28 February 2018

Date of publication:
05 April 2018

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

Harvey House provided residential care for up to 40 older people some of whom were living with dementia. At the time of our inspection there were 39 people using the service.

At the last inspection on 30 December 2015 the service was rated Good. At this inspection the service remained Good.

The service had a registered manager. 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.

There were enough staff on duty to meet people needs. Staff responded promptly when people requested support from them. We saw that staff were deployed effectively to meet people's needs in a timely manner. We also found that the provider had safe recruitment practices. This assured them that staff were safe to support people before they commenced their employment with the service.

People's medicines were managed in a safe manner. They were supported to have their medicines as prescribed by their doctor. There was sufficient stock of medicines that people required. Medicines were only administered by staff who were suitably trained to complete this task.

People were safe at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to use the provider's policies to report any concerns that they had about people's welfare.

Staff had the skills and experience to support people effectively. They had access to an induction when they started their role and had regular training to maintain their skills and knowledge.

The provider had plans to make improvements in the environment to ensure people had access to the garden as well as the communal areas.

People were supported in accordance with relevant legislation and guidance. Staff we spoke with demonstrated a good understanding of Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People's liberty was not deprived unlawfully. This was because the provider had made applications to the local authority for DoLS authorisation for people that required this.

People received sufficient nutrition and hydration. They had access to a variety of meals, snacks and drinks. There were plans to improve the variety and quality of the meals provided.

People's health needs were met. This was because staff supported them to access health care professionals

promptly. Staff also worked with other professionals to monitor and meet people's needs and support them to remain well. Where people were at the end of their life staff supported them to remain comfortable and free from pain.

Staff treated people with kindness and compassion, providing care with dignity and respect. People, their relatives and friends spoke positively about the caring attitudes of staff. The registered manager created a culture which promoted kindness and openness.

People had access to a variety of activities of their choice. This included group activities and spending individual time with staff. They were also support to maintain contact and spend quality time with their friends and family.

The provider had systems in place to obtain feedback about the service. The registered manager looked at different methods to ensure relatives and friends were able to make comments about the service.

People, their relatives and friends were confident that the service was well-managed. Staff felt supported by the registered manager to meet the standard expected of them. The registered manager was approachable.

The provider had systems in place to monitor the quality of the service. We saw that they used this to drive continuous improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Harvey 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 was a comprehensive inspection completed by two inspectors and an expert by experience on 27 February 2018 and was unannounced. We returned on 28 February 2018 announced. 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 information that we held about the service. We used information the provider sent us in the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications, these are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with seven people who used the service and seven relatives and visitors. We observed interaction between staff and people who used the service during our visit. We also spoke with a visiting professional, three members of care staff, a member of the housekeeping team, the cook, the activities organiser, the registered manager and the compliance and care standards officer.

We looked at records and charts relating to seven people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe because the staff are good and helpful." Another person told us, "I feel safe because there is always someone about." Visitors and relatives also felt the service was safe. One relative told us. "I am very happy with this home, I think it is safe." A visitor told us, "I have recommended this service to a few people; I think it is very good." However one relative told us, "One carer was sharp with [person], asking her to get into bed on her own, [person] is 88yrs old and was not confident to do this without assistance. This worried her and made her feel unsafe. She now has a different carer." The relative was happy with the new carer.

The provider had a procedure for reporting abuse, which was available to staff, so they knew their responsibilities. We saw that the registered manager had referred significant incidents to the local authority for them to decide if further investigation was necessary. This meant that people were supported to remain safe by staff who knew their role and responsibilities.

Risks associated with people's care had been assessed and reviewed. We saw that where people were at risk of not having enough to eat and drink there were assessments in place. They provided staff with information on the type of support each person required. Staff were aware of people's care plans and those people who were on food and fluid charts. One staff member told us, "Some people need extra help with their meals, we record what they eat. If we are concerned we report it to the senior who would let the GP know."

The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. The provider had a staff disciplinary procedure and where necessary the registered manager used the process to ensure staff understood their responsibilities to maintain people's safety. The registered manager also ensured where disciplinary procedures were taken these remained confidential.

The provider had a dependency tool in place that assessed the dependency needs of people who used the service. The registered manager along with the compliance and care standards officer looked at how many staff were required to maintain people's safety. We saw that staff were available when people needed them and they did not have to wait long to receive the support they needed. People gave a mixed response when asked about staffing levels. One person told us, "When I press my buzzer, they do not take long to come." Another person told us, "There is not enough care staff." Relatives and visitors we spoke with were happy with the number of staff available. One relative told us, "I think there are enough staff on duty." Another visitor said, "The staff are there when you need them." A visiting professional told us, "There's always a good level of staffing."

During both days of the inspection visit we heard call bells ringing but they were always answered promptly. The registered manager audited the call bell system to ensure that staff were responding to people in a reasonable time frame.

The registered manager analysed information they gathered in relation to accidents and incidents to understand how these had occurred. This information was passed onto the compliance and care standards

officer as part of the provider's monitoring system. Where lessons could be learnt from any incident this was recorded and discussed with staff in team meetings. One staff member told us, "If something happens like a fall, [registered manager] will talk about it and the care plan is amended. They might have equipment put in place, like a pressure mat. We are kept informed."

There were fire risk assessments and fire safety procedures in place to check that all fire safety equipment was serviced and readily available. Staff had received training in fire procedures and each person had been assessed for their mobility in the event of an evacuation. Staff told us they had practiced the fire procedures. The provider carried out regular environmental checks and maintenance of equipment such as hoists, radiators and window restraints. They completed regular checks on the temperature and cleanliness of the water supplies.

The provider had arrangements in place to make sure people continued to receive the care they required should an emergency occur such as a fire or loss of staff through illness. The emergency plans included information to guide staff on the amount and type of support each person would require to stay safe. We also saw that the provider had considered alternative accommodation should it be required. This meant that the provider had considered people's safety should a significant incident occur.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. There were procedures in place for cleaning schedules and these were monitored for effectiveness. People told us that they thought the service was clean. One person said, "My room is kept clean." A visitor said, "I think the home is clean, there are always cleaners about." A relative told us, "It's cleaned to a very high standard, the toilets are immaculate."

People told us they received their medicines. One person said, "I have medication and it is given regularly, they never forget to give it to me and stand and make sure I take it, even when I am in the middle of eating." However one person did comment, "I do have medication and they do normally remember to give me but a couple of weeks age they had missed one and had to go back to fetch it, it was the little tablet they forgot." We were told by staff that the new medicines system would reduce the risk of this type of incident reoccurring.

People had their medicines administered to them safely by staff who had been trained and supervised. For example, three people were having their medicine covertly as they were not able to understand why they had to take their medicines. Appropriate steps had been taken to ensure this was in their best interests with one person having a Deprivation of Liberty Safeguard (DoLS) in place which documented the process taken for the medicines to be taken. However, two of the files we viewed did not record or document how the registered manager had determined that these two people should have their medicines covertly. The Medicines Administration Records (MARs) folder did contain a letter from the GP stating their agreement. We discussed this with the registered manager who told us that request had been made to the local authority to review the DoLS application in light of the covert medicine arrangements.

Medicines were safely stored in the locked treatment room. The service had recently changed from a computerised medicine system to a paper based system and staff had adapted well to the change. There were safe systems in place to dispose of unused medicines and records were kept of how and when this was done.

We looked at the MARs for seven people and found that people were receiving their medicines as required and as prescribed by their GP. There was good documentation in place for 'as and when' required medicines such as medication for pain. Each person had a cover sheet which described the medicine and what it was

being given for. The MARs showed that the pain medicine was given with accurate guidance for all staff. We observed the lunch time medicines round with one of the senior care staff. The medicines were given in plenty of time and also correctly. For example medicines that were required to be given before food were given before their meal.

Good

Is the service effective?

Our findings

The registered manager ensured that people's needs and choices were delivered in line with current legislation. Where people required assistive technology such as pressure mats these had been obtained by the provider. However it was not always clear from care plans how this information had been gathered. We discussed this with the registered manager. They told us they intended to include a page in the assessment that identified where a person was involved and if not, the reasons why they were not able to be involved.

People were supported by staff who had received relevant training which enabled them to carry out their role. People, their relatives and visitors told us that staff had the skills they required to meet people's needs. A person commented, "I think that the staff are reasonably well trained to look after me." A visitor told us, "They know what they are doing." A relative told us, "They know what they are doing. [Person] doesn't have any pressure ulcers. [Person] can't feed themselves so staff do that. [Person] has a softened diet and thickener in their tea. Staff deal with all that and [person] doesn't appear to have lost weight."

New staff were supported through a period of induction where they spent time 'shadowing' more experienced staff and familiarising themselves with the needs of each person who used the service. A staff member told us, "My induction was helpful, I was given time to get to know people and read care plans."

Staff were able to demonstrate how they applied the variety of training that they received. One staff member told us, "The training is good we are kept up to date. We had moving and handling training, we learnt how to make sure people are safe when using the hoist as well as talking to them to make sure they feel safe."

People had access to a choice of meals, snacks and drinks. They told us that they liked their meals and most people were happy with the choices available to them. One person told us, "The food is pretty good but there is not much of a variety." We discussed this with the cook who told us that they were in the process of changing the menu to offer a wider variety and choice to people.

Although there were jugs of water and juice available throughout the service one person did comment, "They offer lots of fluids but sometimes they leave them out of my reach." During the day we saw staff provide people with a choice of hot drinks and cold drinks.

People were asked to choose their preferred choice of meal from a menu. The atmosphere in the dining room was pleasant with music playing in the background. However one person asked a staff member to turn down the music as they thought it was loud. The staff member said that he was sitting near to it which was why it seemed loud. The person later asked another staff member and they turned it down.

We also noted that the music playing was from a Christmas CD. A staff member commented that they thought they heard a Christmas carol playing but did not change the music. This could cause people who were living with dementia to become confused in time. Despite their being plenty of staff at lunch time the meal came out of the kitchen slowly as a result a few people were falling asleep at the dinner table and had to be woken up to eat.

Staff provided the support that people required with their meals asking permission to put clothes protectors over them. Staff were aware of and provided suitable meals for people's specific dietary needs such as soft diets. This meant that people's nutritional needs were met. A staff member told us, "We know what people like and any special dietary needs are in people's care plan. We are also told of changes at handover." The cook told us, "I am passed information about people's requirements, allergies, if they need a soft diet that sort of thing. I am changing the menu and looking to change to a different butcher to get better quality meat."

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We saw that staff recognised that people had the right to make their own decision unless it was proven that they required support with this. People's records included information to remind staff not to assume that a mental health diagnosis affected a person's ability to make an informed decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The provider had applied for DoLS for people who required this. We saw that where conditions were applied to DoLS authorisation's that staff were aware of these and applied them in practice. We spoke with a visiting paid representative. (Once a standard Deprivation of Liberty authorisation has been granted, Supervisory Bodies (Local Authority) must appoint the relevant person's representative to support and represent the person who has been deprived of their liberty.) They told us, "I have good access to relevant information and if I ask them to do something they do it quickly."

People had regular access to healthcare professionals and staff were aware of changes in people's health. People told us that they were able to see GPs, district nurses and opticians when they needed. A person told us, "I am waiting to see the doctor today, he normally comes on Tuesdays." Relatives and visitors also confirmed their loved ones could see healthcare professionals if they needed. One visitor told us, "My friend sees a GP when they need to. Staff always phone me up if [person] is unwell."

Harvey House is a purpose built service. It has wide corridors and doors enabling people who use a wheelchair easy access around the service. There is on-going refurbishment taking place. The communal toilets have been refurbished recently creating a larger access area for people in wheelchairs. The registered manager and compliance and care standards officer shared the provider's vision for the changes planned within the service. These included adding to the themed corridors and lounges, adding interest and supporting people living with dementia to find their way around the service. There were also plans to create an accessible patio area in the garden as well as on-going refurbishment of bedrooms and communal areas.

Good

Is the service caring?

Our findings

People mostly spoke positively of the caring attitudes of the staff. One person told us, "The staff are caring they are always there for you." Another person said, "The staff are very good and helpful." We were also told, "The staff always pop in to see if I am okay and have a chat." However we did receive a comment where a person felt rushed by staff. They told us, "They rush me with personal care, almost to the point of bullying." We discussed this with the registered manager who said they would ensure staff did not rush people.

Visitors and relatives were positive about staff and said they found them 'friendly' 'caring' and 'welcoming.' One relative told us, "I think they attend to residents' needs quickly. If someone is in distress staff are there quickly." Another relative described staff as 'very loving and caring.' Staff we spoke with told us they had time to talk with people and knew the importance of 'being kind.'

Throughout our inspection visit, we observed staff interact with people in a warm and kind manner. They took time to talk with people before carrying out the required task. As well as talking with people in a gentle manner, staff also connected with people by getting down to the person's eye level and gently touching their hand. People appeared to respond positively to staff contact.

People were supported to express their views and be involved in decision making about their care. One person told us, "I do prefer to have a female carer and have one; she is lovely I took to her straight away." Another person told us, "I can do what I want when I want. If I want to go to my room I can. They ask me if I want to take part in activities sometimes I do but not always."

People were supported in a dignified and respectful manner. Relatives and visitors all confirmed that their loved ones were treated in a dignified manner. A person told us, "I have never heard anyone being unkind to or speak to someone without being respectful." One relative told us, "I think that the staff treat [person] with respect and they make me feel welcome." Another visitor whose friend had recently passed away told us, "They [staff] always maintained [person] dignity. [Person] loved it here."

Staff we spoke with were able to give us examples of how they promoted people's dignity when they cared for them. This included ensuring that they knocked and gained permission before they entered people's room and ensuring that people were covered appropriately when they supported them with their personal hygiene or mobility needs. We observed that staff put this in practice. Care plans indicated if people preferred a male or female carer. A person told us, "I don't mind a male or female carer."

People who were approaching the end of their life were supported to remain comfortable and pain free. Staff worked with other health professionals to ensure that people received a good standard of palliative care. A visitor told us, "I cannot fault the staff they can't do enough." Staff we spoke with told us how they supported both the person and the families when a person was at the end of their life. A staff member said, "We take pride in providing good support. We often stay over our shift if some is at the end of their life so we can sit with them and make sure they are comfortable."

People's friends and family were able to visit them without any restriction. All of the relatives and visitors we spoke with told us that they visited regularly and were always made to feel welcome. One visitor said, "They always ask me if I want a drink."

Good

Is the service responsive?

Our findings

People we spoke with told us that they experienced good quality of care. One person told us, "I have no concerns." Another person said, "It's good here the staff know me and my likes and dislikes." A relative told us, "I am very happy I wouldn't want [person] to be anywhere else."

People were assessed prior to moving to the service. The information was used to develop people's care plans. However not all relatives told us that they had been involved in planning people's care plans. We discussed this with the registered manager. They told us that in some cases, where a person was being discharged from hospital, assessments had to be carried out quickly. It was not always possible to speak with families prior to the person being discharged. They did try to speak with family members once the person had arrived at the service to obtain more detailed personal information. Care plans for people who had been using the service for several months contained information about their life history as well as what was important to them. A relative confirmed that they had been involved in creating and reviewing their loved one's care plan.

Care plans included information about the level of support that people required for various aspects of daily living. This information enabled staff to provide support in a way that met people's individual needs and preferences. Staff told us they had access to care plans and found them useful when providing support to people who had just moved to the service. One staff member told us, "We would always speak to the person but we have the care plans to refer to."

The provider employed two activities coordinators who between them worked six days a week. Their role was dedicated to supporting people to engage in activities that were meaningful to them. People had access to a variety of activities. This included group activities and one to one time for people who preferred to spend time in their bedrooms. People told us that they enjoyed the activities on offer. One person said, "I watch television, listen to the radio and I also read the newspaper and I do take part in the activities." Relatives and visitors also told us about the activities. One visitor told us, "The activities are very good." They added "[Person] enjoyed going on trips to the garden centre." A relative said, "There's a lot on offer but [person] sometimes chooses not to take part." There were photographs around the service showing a variety of activities and trips that people had been involved in. The activities organiser told us that recently they did a Valentine's Day lunch. "We had wine glasses on the table with red napkins. We decorated the dining room and put banners up and made mock tails. The cook got involved, people really enjoyed it."

People's views, beliefs and values were respected. For example, people were supported to follow their faith. Staff told us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. A relative told us, "They have a church service here every month."

People were supported by staff to maintain their personal relationships. This was because staff understood people's life history, their cultural background and their sexual orientation.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was able to show us that menus had already been provided in larger print.

Relatives and visitors knew how to raise concerns. Records showed that the service had received no complaints. The registered manager told us this was because of their on-going relationships with people and early interventions to act on their feedback. Relatives and visitors we spoke with confirmed that they could speak with the registered manager about any concerns. One relative said, "I would speak to the manager if I had any concerns." Another relative told us, "If there are any issues, they [staff] would speak to us about it early before it becomes an issue."

Good

Is the service well-led?

Our findings

The provider had a clear strategy in providing a good standard of care to people. Staff were aware of the provider's vision and felt included in providing a high standard of care. A relative described the staff as 'motivated and caring.'

People were mostly happy with the service they received. One person told us, "I am happy here; the girls are so nice and can have a laugh." Another person did comment about the lost laundry. They told us, "I have many clothes go missing, I go look for them myself can't find them even though I have labels on them." Relatives and visitors spoke positively about the care people received. One relative said, "I think this is one of the better homes." Another relative told us, "I think they want to maintain high standards."

The service had a positive ethos and an open culture. People, their relatives and visitors spoke positively about the registered manager. One relative told us, "I find her friendly, excellent. I feel I could raise anything and they would be open to issues." Staff also found the registered manager and compliance and care standards officer approachable. They felt able to raise anything and felt they would be listened to. One staff member told us, "We are encouraged to give our opinion."

We were told by people, their relatives, visitors and staff that the registered manager was visible. A relative told us, "You see her walking round the building. They speak to people and check things are ok."

People had an opportunity to be involved in the running of the service as there were regular resident's meetings. Minutes of these meetings showed that topics of discussion included future activities, menus and lost laundry.

People had opportunities to give their feedback about the care they received at Harvey House. The provider sent out quality assurance questionnaires to people who used the service, their relatives and friends. A person told us, "I think that I have filled in questionnaires and I think that they have resident's meetings." The registered manager told us some people responded but it was difficult to get a response from everyone. We did see some questionnaires that had been returned. The registered manager analysed the responses and looked at ways of improving the service. One area that appeared to concern many people was laundry going missing. The registered manager told us they were looking at ways they could resolve this including holding a family consultation evening.

The compliance and care standards officer told us they had recently introduced a meeting for the services within the provider group they had responsibility for. They had used this meeting to ensure all the registered manager's knew how CQC was now inspecting. It also gave them opportunity to share good practice as well as learning from any accidents or incidents that may have happened within the group.

The registered manager and provider were meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their relatives. Where a significant incident had occurred within the service, the registered manager had

informed us so we could check the required action had been taken. This showed that the provider was open to sharing information with others and knew their responsibilities. Minutes of staff meetings showed that the registered manager kept staff up to date with any changes or improvements.

The provider had monitoring systems in place to check the quality and safety of the service being provided. The maintenance person carried out routine checks on the safety of the premise and the equipment. Other audits included areas such as medicines, incidents and accidents and the environment. We saw where the registered manager had identified issues action plans were put in place to address these. The registered manager then reviewed them to ensure the necessary action had taken place. All audits and any actions identified with timescales for completion were also reviewed by the compliance and care standards officer as part of their quality overview of the service.