

Leicestershire County Care Limited

Harvey House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harvey House is a residential care home providing accommodation and personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 44 people accommodated over two floors.

People's experience of using this service and what we found

The provider had quality control systems in place, however these were not always effective in driving the required improvements. Action plans were not always effective as the provider failed to assign the resources required to maintain the environment to an acceptable level.

People felt safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and managed and lessons were learnt when things went wrong. Staff were recruited in a safe way and there were enough staff to meet people's needs. People received their medicines in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, staff and relatives said managers were supportive, accessible and approachable. People had their needs assessed and staff considered their protected characteristics under the Equality Act to make sure these could be met. Staff knew people well and communicated with people effectively and provided person centred care and support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (6 October 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 9 August 2021 and 1 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment of people and good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harvey House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Harvey House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors 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.

Service and service type

Harvey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harvey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who used the service and 13 relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, area manager, a senior care assistant, a care assistant, the chef and a housekeeper.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question required improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection; Visiting in care homes

At our last inspection the provider had failed to ensure all aspects of infection control and environmental safety were safely managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had addressed the environmental risks we found at the last inspection. For example, wardrobes had been affixed to walls and topical creams were being stored appropriately.
- Risks to people's health and wellbeing were managed safely and effectively. We saw risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to mitigate risks to people. Staff were able to accurately describe people's individual risks and how to respond to them safely.
- Systems were in place to monitor the safety of the service. We saw regular checks of the environment were completed in line with the provider's policies and best practice guidelines. We saw gas, electricity and legionella test certificates were within date. We saw environmental checks, such as water temperature audits and fire safety audits, had been completed as required.
- Accidents and incidents were recorded and measures were taken to reduce the risk of incidents reoccurring. Themes and trends were identified, lessons were learnt when things went wrong and actions were taken to drive improvements in this area. For example, we saw monthly falls audits analysed the time and locations of falls, clear action was taken to mitigate risk and people's care plans and risk assessments were updated accordingly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with IPC and PPE procedures. The service was meeting the government guidelines in relation to visiting.

Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing levels to ensure appropriate numbers of staff were available at night. The provider had made improvements.

- There were enough staff deployed to support people effectively and safely. The service used a dependency tool to establish how many staff were required on shift to meet people's needs. We saw rotas demonstrated there were enough staff on shift during the day and night. One person told us, "There are always enough staff at night-time".
- Staff had the right skills, experience and knowledge to support people safely. We saw a training matrix demonstrated the staff employed by the service had received appropriate training which was up to date.
- Staff were recruited safely. We saw Disclosure and Barring Service (DBS) checks were carried out when appointing staff members to ensure they were suitable to work with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding procedures and knew how to raise concerns to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy and knew where this was kept. One staff member said, "I would report any safeguarding concerns straight away to the manager. I am aware of how to contact other authorities if necessary".
- People who used the service and their relatives told us people felt safe. One person told us, "I feel safe and well looked after". Another person said, "Staff are really attentive. This is one of the nicest homes I've been in." One person's relative told us, "[Name] is definitely safe and is looked after 24/7". Another person's relative said, "[Name] is safe there and staff respond straight away if [name] needs anything".
- The registered manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.
- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- Staff had received training in safe handling of medicines and their competencies were tested regularly. We observed a medicines round and saw medicines were administered in a safe and respectful way, maintaining people's dignity.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had ensured mental capacity assessments and best interest decisions had been undertaken where necessary. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were either in place or effective enough to monitor the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were in place to maintain oversight of the service and were effective in allowing the registered manager to identify areas of concern. However, the issues had been identified by the registered manager during various audits but had not always been addressed by the provider in a timely manner. We saw health and safety audits demonstrated the registered manager had identified several environmental improvements were required in May 2022. The Registered Manager had gained approval for the works however there was no scheduled date for completion.
- Action plans were developed, however there were not always clearly set timescales of each issue. The provider's Development Plan identified each development area, however there were not always dates for completion for each action. Failure to effectively implement action plans meant opportunities to improve the service were missed.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

- The manager's role and responsibilities were clearly defined and well understood by the staff team. The manager was supported by a deputy manager, several care team leaders and the provider, who visited the service regularly. The service employed a key worker system whereby people had a dedicated staff member who was responsible for things such as the oversight of their wellbeing and keeping them in contact with their relatives. One person's relative said, "The best thing is the key workers – it makes such a difference".
- Staff performance was monitored by supervisions and competency assessments. Staff felt supported and told us the registered manager was approachable and fair. One staff member told us, "I like it here and am very much supported". Another staff member said, "The registered manager is very supportive. We have

regular competency checks".

- Improvements to the care people were receiving were made when the provider identified issues. We saw the provider had implemented a lessons learnt document whereby issues were identified, such as gaps in staff knowledge, and information was circulated around all of the provider's homes. All staff were asked to read the information and sign to ensure they were aware of the expectations. The provider had implemented this for several themes, such as using food and drink thickeners, with the registered manager testing staff knowledge and competence during supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were involved in reviewing their care where appropriate, although they were not always asked to provide feedback on the quality of care people were receiving. All relatives we spoke with told us they had been involved in the initial development and ongoing reviews of people's care plans and that verbal communication with the service was good. The registered manager told us they sent out paper surveys by post. However, not all relatives we spoke with had received the survey.
- People who used the service were involved in decisions about Harvey House. We saw people had regular meetings with the management team, were consulted about any potential changes to the service and were given an opportunity to raise issues. We saw positive changes were made as a result of these meetings. For example, all residents agreed they would like more gravy-based dinners throughout the week, such as roast dinners, beef stews and casseroles. We saw the menu planner had been changed to accommodate this.
- The management team met with staff monthly to gain their views. We saw documents which demonstrated staff were able to raise issues and identify improvements at these meetings, and positive changes were made to the service as a result. The management team also implemented an open-door policy whereby staff could raise issues with them as and when required. One staff member said, "During staff meetings we do get a chance to speak up and changes will be made".
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw picture cards were used at mealtimes to allow people to make choices. We saw several people's religious and cultural needs were being met.

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

- People who used the service and their relatives said the management team were approachable and supportive. One person told us, "The registered manager is great. They listen, take action and make sure my preferences are met". One person's relative said, "The manager is approachable and you can knock on their door any time". Another person's relative told us, "Managers and staff are accessible and they are always responsive".
- Information within care plans was person-centred and included relevant information around people's needs, their likes and dislikes, their life history and family relationships. One person's relative told us, "They discuss [name]'s care plan with me and have a folder with [name]'s plans in it and family history". Another person's relative said, "They understand [name] really well and are able to meet [name]'s needs".
- The registered manager and staff we spoke with had a good understanding of people's needs. Staff provided personalised support which focused on achieving good outcomes for people.

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

- The provider was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

- The provider had implemented a complaints policy and had provided information relating to this to people, relatives and staff. There were posters in the communal areas advising people of who to contact if they had concerns. We saw complaints had been dealt with appropriately and responses had been provided to complainants in a timely manner. One person's relative told us, "If I had a complaint I would speak with the registered manager and they would absolutely listen to me and act".

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nurses, physiotherapists, chiropodists, podiatrists, dentists, opticians, hairdressers and social work teams.