

Mrs Valerie Murray

Harewood House

Inspection report

8 Shrubbery Terrace
Weston Super Mare
Somerset
BS23 2JZ

Tel: 01934620502

Date of inspection visit:
17 June 2018

Date of publication:
16 July 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

Harewood House is a residential care home providing personal care for up to seven people with learning disabilities and complex needs. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were six people living in Harewood House but two had gone away on holiday.

At the last inspection in May 2016 the service was rated Good overall and Requires Improvement in the Well-Led key question. At this inspection we found the evidence continued to support the rating of good in Safe, Effective, Caring and Responsive. We found Well-Led had improved to a Good rating. The inspection is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People who lived in Harewood House were provided with high quality care and support which met their individual needs and was person centred. Comments from people who lived in the home included; "I'm really happy here" and "I love it."

Harewood House was family owned and run. Some people had lived in the home for over 18 years. Others had lived in a previous home owned by the provider before moving to Harewood House and had therefore known them for over 24 years. People commented on the family feeling of the home and they referred to the provider as their 'aunty'.

People spoke highly of the staff who worked at the home and told us they had been involved in their recruitment. Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

People who lived in Harewood House had a variety of needs with some being very independent and others requiring a lot of support. People were protected from risks relating to their health, mobility, medicines, nutrition and potential abuse. Staff had assessed individual risks to people and taken action to seek guidance and minimise identified risks. Staff knew how to recognise potential signs of abuse and how to

raise concerns.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrences. Staff supported people to take their medicines safely and staffs knowledge relating to the administration of medicines was regularly checked.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service had improved to Good	Good ●

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 was 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 comprehensive inspection took place on 17 June 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

We did not conduct a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. This was due to people being able to speak with us about their experience of the service.

We spoke with all four people who were in Harewood House at the time of our inspection and one relative. We spoke with one member of care staff and the provider during our inspection. Following our inspection we spoke with the registered manager.

One person showed us around the home and we spent time with people in the dining room. We observed how staff interacted with people throughout the inspection and spent time with people over the lunchtime period.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about the recruitment and supervision of three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe with comments including; "I know I am safe here. They are here for my epilepsy." A relative said; "He is very safe here."

People who lived in Harewood House had a variety of needs relating to their mobility, their health conditions, learning disability, mental health and nutrition. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. These related to people's epilepsy, mobility needs or risks posed by activities they took part in. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them.

People were encouraged to promote their own personal safety. People made comments including; "We have lessons, if you lose your money what do you do and if someone takes your money what to do" and "I have all the numbers in case I get lost and I am careful about nasty people."

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. We reviewed records and saw relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. People confirmed there were enough staff to meet their needs. The provider told us staffing numbers were flexible to meet people's needs, their routines and the activities they wished to take part in. People benefited from a lot of one to one time where they were able to build strong relationships with staff.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The staff member we spoke with demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Accidents and incidents were recorded and where these had taken place the registered manager and staff had discussed these and taken action in order to ensure they did not reoccur.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies

checked regularly. All the people who lived in the home had support from staff to take their medicines. The provider told us, and people confirmed, that if someone wanted to manage their own medicines they would be supported to do this. At the time of our inspection nobody wanted to do this.

The home was clean, pleasant and homely. There were photographs of people on the walls of the house and people's art work decorated the communal areas. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at Harewood House. Comments included; "I love it here" and "It's really good here." One person's relative expressed their confidence in the care provided by the staff. Comments included; "They are so well cared for."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. They had also undertaken training specific to the needs of the people who lived in Harewood House, such as epilepsy awareness and aspects of dementia. Staff training needs were regularly reviewed. During supervisions staff were given quizzes to complete which tested their knowledge on various subjects, including emergency procedures, safeguarding and epilepsy. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said, "We have regular training for different things. We can always ask for more. We recently had a recap epilepsy training."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs. Staff were encouraged to undertake further qualifications to improve their practice. One member of staff said; "I have done my NVQ level 2 and 3. They invest in me. I feel valued."

People who lacked 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). Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this.

There was a strong emphasis on the importance of people eating and drinking well. People spoke highly of the food and commented, "The food is very good and we get a choice" and "It's good, the food." We observed the lunchtime meal during our inspection and saw people were supported to eat either in the dining room or the lounge, depending on their choice. Mealtimes were sociable and we saw people chatting together in a relaxed way. Staff cooked with people's help and sat down with them to eat. People were encouraged to cook for themselves and make their own drinks. During the inspection we saw people making themselves cups of tea and cooking toast on their own.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals

without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Steps had been taken to make Harewood House comfortable and decorated in a way that encouraged people's independence and met the needs of the people living in the home. It was very homely and displayed photographs of people on the walls. The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. People had been fully involved in decorating their bedrooms.

Is the service caring?

Our findings

The service continued to be caring.

We received some very positive feedback from everyone we spoke with about the caring nature of staff at Harewood House. People made comments which included, "They're nice people", "(Name of the registered manager) is a mother to me. I've got two mums", "(Name of registered manager and name of provider) are lovely."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and listened to them when making decisions about how they wanted their care provided. People made comments which included; "They listen to me and they sort people's problems out, they always do", "we get asked about stuff."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for. People, staff and relatives told us Harewood House was like a family home and people and staff cared for each other like family members. People made comments including; "Auntie (Name of provider) is always there. It's a family home." A relative said; "It's their home and they're all family. It's a lovely home with lots of care and love. Staff will bring their families in so they all know their children, grandchildren, dogs etc.) They have very close relationships. He's so happy here."

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff spoke about in ways which demonstrated their respect and care for them. For example, staff made the following comments about people: "She's lovely. She always makes me laugh" and "she has such a wonderful sense of humour". Staff told us activities at the home were mainly one to one due to people's needs. They told us about activities they chose with each person in order to choose something the person was good at to improve their self-worth and encourage their independence.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices. Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to build and develop their everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to build on these. People were working towards personal goals, including being more independent with cooking or going out into town.

The registered manager felt people's privacy and respect was paramount and these views were shared by staff. During our inspection we observed staff ensuring they were out of earshot of others before talking

about people's individual needs. This demonstrated respect for their privacy.

Is the service responsive?

Our findings

The service continued to be responsive.

People and staff told us they were confident people living at Harewood House were receiving the best possible care. Comments included; "People get really good care here. People get loads of attention. We can give them a lot of attention and be there for them when they need you most." People who lived in the home had a variety of needs and required varying levels of care and support. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences and routines. They detailed how staff should best support them to live happy, contented lives. One relative said "People make their own routines and staff support them." Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS 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. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

The provider explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. One person said "We get asked about stuff at resident meetings."

People had access to activities which met their social care needs. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. We saw people were encouraged to be as active as possible with regards to the general running of the home and their personal needs. People told us about enjoyable activities they took part in. One person told us they had been to the Black Country museum the day before our inspection. Another told us they had recently been to the theatre and another that they regularly went out into the town to go shopping on their own. People were supported to take part in activities that would encourage their skills development as well as enabling them to make friends. We saw one person was supported to work on an allotment several times a week which they and their relative told us they really enjoyed and found rewarding.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to. One person said, "They always listen and help." A relative told us; "I give them suggestions and they do it. If I mentioned something they would do something about it right away." One member of staff said; "People never hesitate to raise any concern or upset. It gets dealt with right away."

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

Is the service well-led?

Our findings

At the previous inspection this question was rated 'requires improvement' and we identified that improvement was needed with regards to the systems in place to identify trends and patterns and analyse surveys. During this inspection we found action had been taken to improve in these areas and we no longer had any concerns.

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.

People, relatives and staff spoke highly of the registered manager. Comments included, "I love her." One relative said; "The manager is very approachable. Very much so."

The leadership of the home consisted of the registered manager and the provider. The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. Staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff spoke very highly of the management team and their visibility around the home. One member of staff said; "I feel I could speak to the management, however small."

All staff we spoke with were proud and happy to work at Harewood House. They made comments including; "I'm really happy here. You feel part of the team and appreciated. The residents make you feel happy" and "It's nice to feel appreciated. They always say thank you." A relative commented on the way staff were treated and said: "She keeps her staff. They're happy here and that means they know everyone very well. Staff have worked here forever."

The registered manager and the provider ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed. The provider told us they ensured their ethos and values relating to providing people with person centred care which promoted independence was demonstrated by the registered manager and by the wider staff team.

People benefited from a good standard of care because Harewood House had systems in place to assess, monitor and improve the quality of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager and the manager were aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.

