

Gradestone Limited

Harmony House Nursing Home

Inspection report

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11 December 2015

24 December 2015

15 January 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Harmony House on 11, 24 December 2015 and 15 January 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting the first day or exactly when in the following weeks.

Harmony House is a nursing service that until recently provided care for up to 33 people with mental health needs. The service operates over three floors. The number of places increased on 30 December 2015 as the provider had identified that the service could be developed and enhanced so purchased the adjacent building. They have totally and carefully renovated the building to provide an additional 12 bedrooms, another two bathrooms, an additional office and more communal space.

The provider is the registered manager and has been in this role since they commenced operating the service in 2011. A provider 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.

At the time of the inspection 21 people lived at the service and we met nine of the people who used the service. They told us that they were very happy with the service and found it met their needs.

We found that the provider and staff consistently ensured people were supported to lead an independent lifestyle. The registered provider had purchased a mini-bus and designed a programme of activity that enabled people with different skill sets to fully engage in a range of activities within the community. We heard from the people that they thoroughly enjoyed these activities.

Staff readily identified triggers that would lead people to become distressed or that their mental health was deteriorating. We found this had a very positive impact on people and led to a marked reduction the number of occasions people were admitted to hospital. Also we found that the staff's extensive knowledge of people had enabled them to readily spot changes in people's presentation and this had led to the staff taking prompt action to prevent people causing significant harm to themselves.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. We found that the registered provider had fully embedded a computerised system for recording care delivered at the service and this was very effective.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities. Staff had also received training around the application of the Mental Capacity Act 2005 and the Mental Health Act 1983 (amended in 2007). The staff we spoke with understood the requirements of this this legislation.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential.

People and the staff we spoke with told us that there were enough staff on duty. We found that were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had an effective system in place for dealing with people's concerns and complaints. We found that people felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. The recent refurbishment programme had enhanced the whole service and we found the registered provider had carefully considered how the space could be developed to best meet people's needs. They had created facilities for people with mobility needs and facilities to assist people to develop their independent living skills.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review 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?

Good ●

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the provider.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Mental Health Act 1983 (amended 2007).

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported

people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The complaints procedure was accessible. We found that the views of the people and their relatives were regularly sought to check if they were happy with the service.

Is the service well-led?

Good ●

The service was well led.

The service was well-led and the registered provider was extremely effective at ensuring staff delivered services of a high standard.

We found that the registered provider was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered provider to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

Harmony House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector completed this unannounced inspection of Harmony House on 11, 24 December 2015 and 15 January 2016.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service. The information included reports from local authority contract monitoring visits.

During the inspection we met with nine people who used the service. We also spoke with the registered provider, a nurse and four support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around the service. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three staff records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us that they were happy and liked the staff and they thought the service met their needs.

People said "I've been here for ten years and can honestly say the staff have made a great difference to my life. Without them I don't know what would have happened to me" And, "I like it here." And, "The staff are great and really helpful."

We found that staff were dedicated to ensuring that the service provided a safe environment. Recently because of their depth of knowledge about each person they had quickly identified that someone's behaviour was unusual. This realisation had led them to check up when someone did not come for their tea at the usual time and led to them saving the person's life.

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered provider would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

We found that procedures were in place to assist staff to understand whistleblowing [telling someone] processes and staff told us that they felt confident about raising any worries. The service had up to date policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check to show that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff

recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that a nurse, senior support worker and three staff were on duty during the day and a nurse and support worker were on duty overnight. The registered provider worked during the week as an additional supernumerary staff member.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely in their room. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and they said that they got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use protective equipment.

We spoke with one of the domestics who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely. The domestic staff completed the deep cleaning and ensured infection control measures were in place.

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of how to support people with mental health needs and that because of the staff support they had remained well.

People said, "The staff are excellent and really know their stuff. When I first got here I had lots of issues but they sat me down and helped me to find a way through. Now I have been fine for a good while" And, "I been here a few weeks and so far am pleased with the service and staff."

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. 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 MCA. The application procedures for this in care services 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. We found that the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The MCA balances an individual's right to make decisions for themselves with their right to be protected from harm if they lack mental capacity to make decisions to protect themselves.

The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people, for instance via people going with the staff or pointing to what they wanted.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection all of the people were subject to a Deprivation of Liberty Safeguards (DoLS) order. DoLS is part of the MCA and aims to ensure people in care services and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The provider was aware of the person's right to contest the DoLS and apply to the

Court of Protection for a review of this order.

We also found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and made sure the Code of Practice was followed. They supported people who were subject to Community Treatment Orders understand the conditions that were applied and to understand their right to appeal this section.

From our discussions with staff and the review of the care records we found that they had a very good understanding of each person care and support needs. We saw records to confirm that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw that nutritional screening had been completed for people who used the service. We found that the people were all within healthy ranges for their weight and no one was malnourished or overweight.

We confirmed from our discussions that the staff and review of the records that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training around working with people who mental health needs. We were told that staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

We saw that staff who had recently commenced work at the service had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found that these staff only started to work on a one-to-one basis with people when both were confident that the staff member knew how to effectively support the individual.

We found that new staff, where appropriate were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the senior support workers we met had recently started work at the service and told us about their induction, which had included refresher mandatory training and shadowing the other senior support workers.

Staff we spoke with during the inspection told us the registered provider was very supportive. We found that the registered provider had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw that records for the recent months showed that staff had received an appraisal and at least three supervision sessions. Also a plan was in place to ensure staff regularly received supervision throughout 2016.

Is the service caring?

Our findings

People told us that they found the provider and staff were very supportive and caring. They discussed the reasons for their admission and the lengths the staff had gone to in order to support them to make positive changes to their lives. We heard about the positive changes to people's behaviour and how they had not had relapses in their mental health for some years. The people we spoke with attributed this change to the support they received at the service.

People said, "I lived here for a good few years and find that the staff have always been kind and caring." And, "The staff are always friendly and seem to want the best for us."

The registered provider and staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives and that all the support was person-centred. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

We found that people now went out on a daily basis. We also found that the registered provider had critically reviewed the needs of people and whether they were being met at the service. The registered provider discussed how they and staff worked with people to find triggers for deteriorations in their mental health and we found this work had assisted people to reduce the adverse impact of their conditions on their day-to-day lives.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people prior to the completion of any tasks. We saw that staff understood the needs of the people and actively monitored people's mental health. The people who used the service described how staff had supported them and we heard how people's active symptoms of their mental health conditions had reduced. We found that where people were unwell staff had a range of techniques that supported the individuals to enhance the quality of their lives.

We found that the care records were very detailed and informative. The support plans and assessments clearly outlined each person's individual needs and were completely person-centred. We found that staff worked in a variety of ways to ensure people received support they needed. For instance staff had supported one person to cease using substances and to find other ways to deal with their emotions than self-injury, which had led to them not harming themselves in several years.

Since purchasing the service in 2011 the registered provider has been enhancing the facilities in the service. Following a critical review they had found that the environment could be improved and after careful planning had completed a comprehensive and extensive refurbishment. They had extended the service and redecorated throughout. This had led to there being more communal space and the creation of a very pleasant environment. Externally the registered provider had also developed pleasant seating area, a

vegetable plot and barbeque. This provided people with a wide range of areas inside and out to enjoy and find quiet spaces. The registered provider was also installing CCTV cameras to the external area to ensure people were safe outside and in.

Is the service responsive?

Our findings

We found that the registered provider was a strong advocate for people and they critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential.

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. We found that staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan and could identify the smallest of changes in people's presentation. The people we spoke with told us they found that the staff made sure the service worked to meet their individual needs and to reach their goals.

We saw that staff had given consideration to the impact on people's mental health upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We heard how people were encouraged to join in local community events and that the regular trips occurred from the service. The registered provider told us they had purchased a mini-bus and used this to set up a variety of trips each week. We heard how these were tailored so matched the needs of the individuals. The service caters for older and younger adults at different stages of recovery in their mental health and the provider told us they take this into consideration when organising trips. We heard how a walking group had been set up, as well as historical visit and shopping trips. People told us they regularly went to the football and one person told us about their voluntary work. We found that people had very active lives.

We found that resident meetings were regularly held and reviewed the minutes from the recent meetings. Within the minutes we saw that people were asked consistently for their views about the operation of the service and where improvements could be made such as activities and action was taken to incorporate this into the plans.

We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had changes in their mental health, the staff had contacted the GP, consultant psychiatrists and community psychiatric nurses. Their contacts had led to prompt responses from these clinicians and actively prevented a further deterioration in individual's health.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. The registered provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people. We found the registered provider and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The registered provider discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

We found that people were routinely consulted and found they spoke very highly of the service, the staff and the registered provider. They thought the service was well run and completely met their needs. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently.

Staff told us, "I enjoy working here." And, "The provider has really improved the service and I feel we are giving people the best care possible".

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found that the registered provider was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership the service had developed and been able to support people with complex mental needs and that their actions lead to people being able to manage their symptoms.

The staff we spoke with described how the registered provider constantly looked to improve the service. They discussed how they as a team discussed what went well and what did not and used this to make positive changes. For instance, we heard how recently they had been looking at how to support people to be more independent but also ensure other people's safety. They had found that at times people came to call at the service who wanted to exploit people's vulnerabilities so they had considered how to manage this whilst still ensuring people were independent. This consideration had led to a discussion to put CCTV at the entrance so an eye could be kept on who was calling without this being too intrusive for the people who used the service.

Staff told us they felt comfortable raising concerns with the provider and found them to be responsive to their comments. Staff told us there was good communication within the team and they worked well together.

The service had a clear management structure in place led by an effective registered provider who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at Harmony House.

We found that the registered provider clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which were fully implemented. Monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff were completed. The registered provider took these audits seriously and used them to critically review the service. We found the audits routinely identified areas they could improve upon. We found that the registered provider produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the service was well-run.

Staff told us that morale was excellent and that they were kept informed about matters that affected the

service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that their suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We found that this critical thinking meant the service was person-centred and staff told us that they were always asked to consider how they could make the service very person-specific.