

# Care UK Community Partnerships Ltd

## Harrier Lodge

### Inspection report

Thanet Way  
Whitstable  
Kent  
CT5 3FS

Tel: 03333218609

Website: [www.careuk.com/care-homes/harrier-lodge-whitstable](http://www.careuk.com/care-homes/harrier-lodge-whitstable)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harrier Lodge is a residential care home providing personal and nursing care to 56 people aged 65 and over at the time of the inspection. The service can support up to 65 people.

Harrier Lodge has four units: Pebble which is a nursing unit for people living with dementia, Oyster for people who have general nursing needs, Driftwood for general residential needs and Seashell for those living with dementia who require residential support. People have access to a garden and on the ground floor is a café, hairdressing salon and cinema room which people can use.

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

People and their loved ones told us they felt safe at the service. However, we found that staff did not always have the guidance required to manage risks to people. Staff could not always tell us how to position people to prevent their skin from breaking down and charts were not in place to record people's position. Staff did not have all the information they needed about people's catheter care. A catheter is a tube to remove urine from a person's bladder.

Audits had been completed but these had not identified the shortfalls found at this inspection. Care plans were not always complete and the most up to date information was not always available to all staff. Some people's end of life care plans would benefit from more detail about their preferences and wishes. Following the inspection, the registered manager sent us updated risk assessments, care plans and an action plan showing how they would address the shortfalls identified.

People were treated with kindness and respect by staff. People were encouraged to remain independent for as long as possible and relationships with loved ones were encouraged and supported. People were supported to have a diet and lifestyle which supported them to stay healthy. Staff worked with healthcare professionals to ensure people stayed well and free from pain. Medicines were managed well.

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 took part in a range of activities they enjoyed. People were involved in planning their care. People took part in running activities if they wished and had formed a residents committee.

People told us the registered manager was accessible and open. People and their loved ones were invited to give their views in a range of ways. Actions were taken to address concerns and complaints and any changes made were shared with people. Staffing levels were based on people's dependency levels and staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 02 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Harrier Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Harrier Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, senior care workers, nurse and care workers.

We reviewed a range of records. This included eight people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits.

After the inspection

The registered manager sent us updated care plans and a plan of how they would address the shortfalls found at inspection.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed, however care plans linked to risk assessments did not always give staff the guidance required to keep people safe. For example, one person was at high risk of choking, there was no information for staff about how the person should be supported to minimise the risk of choking. Information about the amount of thickener the person used in their drinks to minimise the risk of choking was inconsistent. One document stated 1 scoop and another stating 1.5 scoops per 200mls. There was a risk the person would be given drinks in the wrong consistency.
- Another person was at risk of skin breakdown and needed to be repositioned by staff to prevent this. The risk assessment and linked care plan did not give details about how to do this. Staff told us they had not been recording how the person was repositioned. There was a risk the person could be placed into the same position which could increase the pressure on that area of skin. No one at the service had any pressure wounds at the time of the inspection, but a lack of guidance and monitoring places people at risk of harm.
- Some people had a catheter to remove urine from the bladder. One person had no information about their catheter care and another's plan did not tell staff the signs to look for if the catheter was not working effectively. Staff had not recorded when people's catheter bags had been changed. There was a risk that staff would be unaware a bag had not been changed, which could increase the risk of a blockage or infection.

The provider had failed to ensure that staff had the guidance required to manage risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the registered manager sent us some updated risk assessments and an action plan which stated all risk assessments would be reviewed in the next month. We will check the provider's progress against this action plan at our next inspection.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe at the service. One relative said, "I have peace of mind now my loved one is here. I know the staff will make sure they are safe."
- Staff understood their responsibilities in relation to safeguarding people. They could tell us about the types of abuse they may encounter and who they would report any concerns to.
- When incidents had occurred, the registered manager had spoken with the local authority safeguarding team. Plans had been put in place to reduce the likelihood of reoccurrence.

### Staffing and recruitment

- The registered manager used a dependency tool to plan the levels of staff required. Some people and staff told us that at some times of the day, such as first thing in the morning, people had to wait for support. Other people were happy with how quickly they were supported. The registered manager submitted an action plan stating they would review how staff were allocated to minimise this.
- Staff were recruited using robust processes. These included references from previous employers and Disclosure and Barring (DBS) background checks. This ensured staff were suitable to support vulnerable people. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status
- Shortfalls in staffing levels were covered by permanent staff and agency staff. The registered manager told us they tried to use consistent agency staff so they could get to know people. Agency staff we spoke with told us they had an induction when starting to work at the service and worked there on a regular basis.

### Using medicines safely

- People's medicines were managed safely. People were supported to have their medicines in the way they preferred and at the correct time.
- People's care plans detailed how they like to receive their medicines and where.
- Medicines records were electronic and an alert was raised if medicines were not given at the prescribed time.
- When people had medicines which were 'as and when required' (PRN), there were PRN protocols which told staff when to offer the medicine and how often.

### Preventing and controlling infection

- Staff could tell us about the need for infection control measures and how they followed these.
- Staff used personal protective equipment (PPE) such as gloves and aprons. They changed gloves between tasks and when moving to support another person.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify any themes.
- When shortfalls were identified actions were taken. For example, recording of medicines with special storage requirements was found to be inconsistent. A new system was implemented to monitor this and give staff more information. As a result, recording had improved and is now in line with good practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using nationally recognised tools. These included the Waterlow score for skin integrity and the MUST score for malnutrition. The information recorded in the assessment was used to form the basis of people's care plans.
- People's assessments included details of their support needs and preferences. They also included protected characteristics under the Equality Act (2010) for example people's religion or sexuality.

Staff support: induction, training, skills and experience

- Staff told us they had enough training. When staff started working at the service they had a three week induction which included training and working alongside experienced staff. Staff who were new to care also completed the care certificate. The care certificate is a nationally recognised set of competencies in social care.
- Staff had regular meetings with their line manager where they could discuss any issues and gain feedback on their performance. Staff told us they could also use this to request additional training. One staff member said, "I asked for more dementia training and that is being organised."
- Staff attended an ongoing training programme of both core training and training specific to people's needs, such as diabetes or managing skin integrity.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food had improved at the service recently. There had been lots of conversations about what food people wanted and this had been added to the menu.
- Staff monitored people's weight and any loss was discussed with the GP. Referrals had been made to the dietician when there were concerns about people's weight and advice taken on board. One person had been given supplements to increase their weight. They were not keen on drinking them, so staff worked with the dietician to find a supplement they enjoyed.
- People could choose to eat in their rooms or communal dining rooms in each unit. People could eat at whatever time suited them. They could access hot and cold drinks in the dining room throughout the day.

Adapting service, design, decoration to meet people's needs

- The service was purpose built and designed to meet people's needs. People had large rooms with ensuite wet rooms. There were also communal bathrooms with baths if people preferred. Bathrooms had sensory lighting, which staff told us helped people relax.
- On the units supporting people living with dementia, people had memory boxes outside their rooms which they or their loved ones had filled with pictures or items which were important to them. There were

also areas designed for people to use to reminisce or to chat with loved ones.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their loved ones told us staff helped them to manage their health and stay well. One relative said, "They always take action if my loved one is unwell, and they always let us know."
- Staff discussed people's health at daily meetings, any changes or concerns were recorded along with the action taken for example, if the GP had been contacted.
- Staff made referrals to other healthcare professionals when required. For example, referrals had been made to occupational therapist when people's needs changed. Advice was taken and added to people's care plans.
- Staff on the residential units worked with the local district nurses to ensure people's nursing needs were met. People on the nursing units had their nursing needs met by the service's own nurses. People told us how nurses had dressed their wounds and helped them manage their health.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. When required people's capacity had been assessed in regard to specific decisions.
- Staff understood the MCA and could tell us about how they supported people to make decisions. One staff member said, "You make sure people have all the information, so they can make a choice. It is their decision as long as they understand."
- The registered manager had applied for DoLS authorisations for people when appropriate. Any conditions were added to people's care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were caring and kind. One person told us, "Staff have been lovely and give help when I need it."
- Staff knew people well and tailored their interactions to each person.
- One person was agitated when staff were supporting them to move. Staff joked with the person which made them smile. They then spoke about the mobility aid being like a motorbike, the person laughed and made noises like a motorbike whilst being moved.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff asked them for their views and respected the choices they made on a day to day basis, for example, if they wished to stay in their rooms.
- People had a set day each month when they were, 'resident of the day'. They and their loved ones were invited to review their care plan and discuss any changes they would like. Relatives could give their views via email or phone as well as when visiting.
- People were invited to attend residents' meetings where they could give their views on the service and suggest changes or improvements. A residents committee had recently been arranged which was chaired by one of the people living at the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain independence. Care plans stated what people could do for themselves and where they needed support. One relative said, "My loved one wants to do things for themselves and staff encourage them to do so, they are continuing to encourage their independence."
- Staff treated people with respect and in a way which promoted their dignity. Staff were discreet when asking people about their support needs in communal areas.
- When relatives wanted to ask about their loved one, staff ensured they spoke to them in private and where other people could not hear.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff could tell us about people's needs and how they liked to be supported. People and their loved ones told us they were supported in the way they preferred.
- Staff sought and followed guidance from a range of professionals to ensure they were meeting people's needs in line with good practice. For example, contacting the local mental health team if people's mental health deteriorated.
- Staff used their knowledge about people's life history to personalise their support. For example, one person could become distressed or agitated when they were bored. Staff spoke to their family about their working life and agreed to give them an 'office' area of their own and tasks to completed. The person's relatives told us this helped the person to feel they still had a purpose in life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access information in a range of formats. Information could be provided in a large print if required and other documents were supported by pictures.
- There was signage around the service to help people know where they were and how to move around the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could have visitors at any time. Relatives told us they visited on a regular basis and were always made welcome by staff. People could spend time with their loved ones in their room or in a number of communal spaces including the café.
- The service had a lifestyle team who organised and ran activities for people to take part in. On the day of inspection people were taking part in a game of bingo in one of the lounges. People's visitors also took part and people were very animated and involved.
- The service had a minibus to take people on outings. However, people told us this did not happen as often as it used to due to a shortage of drivers. The registered manager had booked six additional staff on training in the month after the inspection. They told us after the course was completed people would be able to go out daily.
- One person ran a weekly quiz for their peers, staff told us the person took great pleasure in researching

information and planning the questions. They told the person was affectionately known as 'The quizmaster'.

#### Improving care quality in response to complaints or concerns

- People and their loved ones told us they knew how to complain and felt their concerns would be listened to.
- When complaints had been received these had been responded to in line with the providers policy and to the complainant's satisfaction.
- Complaints were used as an opportunity for learning. For example, a complaint was made about communication during the assessment process, the registered manager put in place a system to improve communication and ensure families understood the assessment process.

#### End of life care and support

- Some people had detailed end of life care plans. However, some people's end of life care plans would benefit from more detail and information about their wishes.
- People's plans contained information about where they wanted to die and how to manage health conditions within the service. Where possible people had been involved in decisions about how much medical intervention they would prefer if they became unwell.
- The registered manager told us the service was in the process of introducing the 'NAMASTE' care programme around end of life support. The 'NAMASTE' care programme is a holistic approach to end of life care planning for people living with dementia. The registered manager told us this would lead to a review of all end of life care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager, regional director and providers quality team had all completed audits to monitor the quality of the service. Although one audit had stated that end of life care plans could be expanded, other shortfalls found at this inspection had not always been identified.
- Systems were not always effective at ensuring staff had the most up to date information about people's needs. People's care plans were recorded on a computer system and a printed copy was stored in a paper file. Staff told us they generally used the paper file as reference on a daily basis. Some files had not had the most up to date information placed into the files. For example, one person's guidance around the consistency of their food and drink had recently changed. The printed copy had not been updated to include this information. This put the person at risk of receiving care which did not meet their needs as staff might be referring to out of date guidance.
- Audits had not identified the gaps in the guidance and monitoring relating to risks to people. For example, people being repositioned or catheter bag changes. They had also failed to identify that care plans had not always been printed out when updated which meant staff were referring to guidance which might be out of date. There was a risk that people would not be supported in the way which met their needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed and records were maintained fully and accurately. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had submitted notifications to CQC as required and understood their regulatory responsibilities.

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

- People, their relatives and staff told us the registered manager was approachable, open and transparent.
- One relative told us, "The manager keeps us up to date with what is going on and any improvements they plan to make."
- The registered manager had invited people to organise a residents committee to have a say in how the service was run and ask questions of the management team. The registered manager had made changes to give people more direct contact with the chef as a result of feedback from the committee.

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

- People, relatives and staff were asked their views on the quality of the service. Regular surveys were sent to relatives by the provider. The outcome was shared with people and displayed in the entrance hall of the service.
- The registered manager ran a weekly 'surgery' when people and relatives could meet with them or call to discuss any concerns or ask any questions.
- Relatives were invited to three monthly meetings to hear about any changes and the service and raise any concerns. Outcomes from these meetings and actions taken as a result were displayed.
- Actions taken as a result of feedback included the training of additional staff to drive the minibus and changes to the menu.

Continuous learning and improving care

- The provider used learning from their other services to drive improvement. Examples of learning were shared in managers meetings.
- The registered manager had a service improvement plan which highlighted both shortfalls and areas where the service wanted to improve. This formed the basis of an action plan.
- The provider had recently employed a regional specialist quality development manager whose sole focus is end of life care and ensuring people have activities which are meaningful.
- Nurses at the service had clinical support from the deputy manager to keep up to date with new developments and good practice.

Working in partnership with others

- Staff worked with other professionals to ensure people's needs were met.
- The deputy manager had designed a leaflet for people and their relatives detailing the local health care professionals available and how to contact them.
- The provider had worked with an agency to arrange information sessions for people and their relatives about the financial implications of long-term care and where they could find help or information about this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that staff had the guidance required to manage risk. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed and records were maintained fully and accurately. This placed people at risk of harm.</p>