

Tamaris Healthcare (England) Limited

Harrogate Lodge Care Home

Inspection report

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Date of inspection visit:
29 June 2022
07 July 2022

Date of publication:
03 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harrogate Lodge Care Home is a care home with nursing and is registered to provide accommodation for up to 50 persons who require nursing or personal care. The home provides intermediate care in the ground floor, which supports hospital discharge through rehabilitation to help people regain previous levels of independence. The first floor accommodates mostly people living with dementia. At the time of our inspection, there were 47 people living at the service.

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

The service was not always managed well. Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying the issues or in driving the necessary improvements identified at this inspection. We found records related to people's care were not always complete or contemporaneous.

We found risks to people's care were not always well managed. Some risks to people's care were assessed and measures put in place to manage these, such as risk of falls. However, we saw examples of other risks not always being well managed such as behaviours considered challenging to others or equipment used to support people's posture. We found some people did not have an up to date personal emergency evacuation plan.

We received mixed feedback from people and staff in relation to the staffing levels at the service. We observed communal areas were, at times, left unsupervised by staff. Dependency levels were being considered for one area of the home, but not for another. The manager told us they had already identified this was an issue and told us their ongoing work to review staff's deployment, rotas and recruitment. We recommend the provider reviews their staffing levels taking into consideration dependency levels in both floors.

People and relatives told us the care received at the service had a positive impact on people. We received positive feedback regarding staff being kind and caring. Most staff told us they felt well supported.

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.

We saw evidence of good partnership work with other professionals, to meet the needs of people using the service.

There were plans to continue developing the service, around improvement of care plans and dementia care. There were also plans to renovate the home.

The management team supported this inspection, were receptive to findings and acted timely on the concerns identified.

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

Rating at last inspection

The last rating for this service was good (published on 14 November 2017).

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We made a recommendation for the provider to review good practice guidance in relation to safe staffing levels.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Harrogate Lodge Care Home

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

This inspection was carried out 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

Harrogate Lodge 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. Harrogate Lodge is a care home with 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 manager in post who had started their role recently and had

submitted an application to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2022 and ended on 12 July 2022. We visited the location's office/service on 29 June and 7 July 2022.

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.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people using the service and four relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We received feedback from one healthcare professional.

We gathered information from several members of staff including the home manager, deputy manager and nurses.

We reviewed a range of records. This included five people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection the rating has remained 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; Using medicines safely; Learning lessons when things go wrong

- During this inspection, we found risks to people's care were not always well managed.
- Main risks to people's care were assessed. However, we also found examples of risks to people's care not being identified or detailed in their risk assessments and care plans. For example, two people told us of instances where other people had gone into their bedrooms without being invited. For one person, this risk was known by staff however, their risk assessment or care plan did not give direction to staff on how to manage this risk.
- During our visit, we noted one person was sat in a specialised chair, but they were not well positioned and comfortable. We reviewed this person's risk assessments and care plan and saw that, although the need for specialist equipment to support this person's posture had been identified, and this care plan regularly reviewed, no action had been taken. We discussed our concerns with the home manager who told us they would take immediate action.
- Some people living at the home displayed behaviours considered challenging to others. Risk assessments and related mental health care plans did not always give specific information about the function of behaviour, triggers or de-escalation techniques needed to be followed by staff.
- The provider was monitoring people's risk of weight loss and we saw some people had been prescribed supplements and these were being administered. However, one person's risks in this area had not been well managed. This person had been consistently losing weight for the last months; they were already under the care of the dietician and had been given supplements. However, their nutritional care plan was not detailed and there was no evidence of regular monitoring of this person's food intake and weekly weights. On our second visit, we were assured the home manager had taken appropriate actions to refer concerns to the relevant healthcare professionals and additional monitoring charts had been put in place.
- During this inspection, we found examples of people not having an up to date personal emergency evacuation plan. These are plans that should be in place and will need to be followed in the event of an emergency
- Overall medicines were managed safely, however protocols for 'as and when' required medicines were not always in place and the recording of prescribed creams was inconsistent.

Systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they would act on the issues identified.

- We reviewed accident and incident records and found there had been an improvement in the last few months how these were analysed, investigated and acted upon. This coincided with the appointment of the new manager.
- People told us they felt safe living at the service and relatives also thought their loved ones received safe care. People's comments included, "I do feel safe" and "I definitely feel safe here." One relative said, "There is challenging behaviour but they [staff] are unfailingly kind and deal with it in the nicest possible ways. I feel very secure in the knowledge [person] is being extremely well looked after."

Staffing and recruitment

- Some people told us there was enough staff and call bells were responded to in a timely way; other people told us there were not enough staff and they often had to wait after pressing the call bell. Comments included, "It can be a bit of a wait when you need them sometimes but they have a lot of people to attend to;" "It depends how busy they are to how quick they respond to the bell" and "I've nothing to compare the staff levels to but I'm never left wanting."
- Staff also shared mixed views about staffing levels.
- We observed the communal areas were left unsupervised during our visits; these areas had been identified by the manager as requiring to be supervised.
- We found inconsistency in how the provider was using the dependency tool. This was being used in one floor but not in the other; and the information used to calculate dependency levels was not always reflective of people's needs.
- Staffing level and deployment of staff was an area the manager was reviewing, and changes had already been made to the rota to ensure the right skill mix of staff and additional staff was being considered.

We recommend the provider reviews their staffing levels taking in consideration dependency levels in both floors and implements best practice guidance in this area.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat 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.

Visiting in care homes

- Relatives and friends were able to visit their loved ones and the provider was aware of relevant guidance around visiting.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. Appropriate referrals had been submitted, when required.
- Staff had been trained in safeguarding adults, knew how to identify signs of abuse and what actions to take if required.

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. Any conditions related to DoLS authorisations were being met.

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 good. At this inspection the rating has changed to 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; 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

- Quality assurance systems were in place and happening regularly, however these had not been fully effective in identifying or driving the necessary improvements. For example, medication was being audited regularly; recent medication audits had identified work was required in ensuring there were no gaps in recording and protocols were in place for 'as and when' medicines. However, during our inspection, we continued to find this area needed improvement.
- The provider was completing regular reviews of care plans, there was a resident of the day in place to examine the quality of care regularly and there were clinical monitoring systems in place, however these had not always been effective in identifying and escalating specific concerns in relation to some people's care.
- We found one air flow mattress which was not set at the correct setting. We informed the manager and they put in place a checklist for nurses to do. However, this had not been identified before our inspection.
- Some of the issues found during this inspection had already been identified by a quality visit completed by commissioners of care and an action plan put in place. However, not enough progress had been made.
- Care plans and records of care were not always complete, accurate and contemporaneous.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. 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 manager was proactive during the inspection and responsive in acting on the issues identified. Most people did not know the manager, but relatives were extremely positive in their feedback about them. Comments included, "The manager has forward thinking views and is quite progressive. They phone me if there is the slightest incident, the slightest whiff of a problem they call the doctor. I have nothing but praise for the job they do" and "[Name of manager] really knows her stuff regarding dementia and frailty, pressure sores and things. She is proactive and engaging."
- There were plans to continue developing the service, in particular around improvement of care plans and dementia care. Some areas of the home were being redecorated.
- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they enjoyed staying or living at the service.
- People told us staff were kind and approachable, they had enough to do and had been involved in their care. Their comments included, "I find the staff are approachable;" "It's a nice place. Staff have been lovely;" "They have kept me exercised whilst I've been here" and "I've played my first game of bingo today! And I won! I really enjoyed it."
- Relatives also shared positive feedback about the impact the service had on their loved ones and themselves. They told us, "The overall word is excellent. The main thing is the staff;" "It's a comfort that she is in such good hands. It's a caring environment" and "We checked a lot of homes but when we'd visited Harrogate Lodge we walked out and said, 'that's the one'. They are always very welcoming, always say hello. They were superb in helping us with transferring [relative] from a home in [name of town]. They are bending over backwards to accommodate [person]."
- The manager had developed initiatives to involve people, relatives and staff to make decisions about the home such as decoration or meals. We saw work was in progress to create a dementia friendly environment and to provide resources to staff to better support people who lived with dementia.
- The systems in place promoted good communication with staff, including handover meetings and staff meetings.

Working in partnership with others

- Evidence we looked at demonstrated the service was in close contact with a wider professional team in the community to address specific needs of people, for example, social workers, tissue viability nurses and GPs.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's care were not always well managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems had not always been effective in identifying the issues or in driving the necessary improvements. Care plans and records of care were not always complete, accurate and contemporaneous.