

Harrogate Neighbours Housing Association Limited

Heath Lodge

Inspection report

6 Pannal Ash Road
Harrogate
North Yorkshire
HG2 9AB

Tel: 01423882970
Website: www.harrogateneighbours.co.uk

Date of inspection visit:
12 February 2019
27 February 2019

Date of publication:
04 April 2019

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: The service is a care home that can provide personal care for up to 28 older people some of who may be living with dementia. 28 people lived in the service when we inspected.

People's experience of using this service: People could have been at risk of avoidable harm because the provider did not have effective systems to ensure safety and quality. Areas such as fire safety, equipment and environment safety management were not robust. We made a recommendation that the provider review their medicines system to ensure current best practice was implemented. Systems to manage these areas were either not in place or did not follow known current best practice. The provider did not have thorough oversight to understand areas that required improvement. The registered manager and provider responded positively to feedback and immediately started to act to implement changes.

The registered manager and provider had worked hard since the previous registered manager left the service to make changes in response to feedback from people, relatives and staff. Areas such as the environment refurbishment, increased activities, staff support and guidance and the implementation of a strong person-centred culture. There had been a positive impact on people's experience of using the service because of those changes.

People said staff knew them very well and could anticipate their needs and that support was delivered in a timely way. People described good provision of activities and events that were tailored to their needs. People were supported to maintain relationships and afforded support to develop and build new relationships. People and their relatives described high levels of satisfaction with the service which impacted positively on their overall wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their life, this was carried out with compassion and dignity.

Staff had appropriate skills and knowledge to deliver care and support in a person-centred way.

The registered manager and management team were well respected. People, their relatives and staff all felt confident raising concerns and ideas. All feedback was used to continuously improve the service.

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

Rating at last inspection: Good (Published 16 August 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Enforcement: The provider was in breach of one regulation at this inspection relating to governance of the service. You can see the action we have told the provider to take at the end of the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. The overall rating at this inspection is requires improvement. We will continue to work with the provider to understand the action they have taken to improve the rating to at least good.

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 ●

Heath 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 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.'

Inspection team: An inspector, assistant inspector and an Expert by Experience carried out this inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on day two.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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: Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

What we did:

Before inspection: We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection: We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could have been harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection.

- The environment and systems had not been upgraded in relation to fire following a fire risk assessment completed in May 2017. Actions were clearly identified which had not been completed.
- Informal checks of the building and equipment safety were completed; however, no records were kept. For example, in relation to window restrictors, bed rails, infection control and wheelchairs.
- The provider audit process did not include a system to ensure such checks were completed therefore safety issues had been left unnoticed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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) 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions from the fire risk assessment were now completed and suitable checks of the environment and equipment were in place.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team had started to implement a new electronic risk assessment process to ensure all that could be done to reduce the risk of harm was in place. For example; assessment of falls and hydration.
- Accidents and incidents were recorded and reviewed to ensure action was taken to reduce the risk that people would be harmed in the future.
- Staff intervened well where people living with dementia experienced distress because they could no longer communicate effectively or had become frustrated. Better care plans were needed to direct staff to work consistently with people when they were anxious.
- Staff used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was observed to be overall clean and everyone we spoke with felt the service smelt pleasant.

Using medicines safely.

- Medicines were overall safely received, stored, administered and disposed of when no longer needed. The registered manager and their team were implementing a new electronic system. It was difficult to determine the stock balances for some checks. Work to embed the new system was ongoing.

- Not all best practice process was in place such as protocols to guide staff when 'as and when required' medicines should be administered.
- Where errors were found during checks they were investigated. The provider did not always make records of their investigation, which they agreed to do following the inspection.
- People told us they were happy with the support they received to take their medicines.

We recommend that the provider review their medicines policy to ensure current best practice is reflected and implemented in the service.

Staffing and recruitment.

- People received timely support when required and staff confirmed they felt there was enough staff on duty to meet people's needs. People and their relatives also told us at times they had to wait but that overall there was enough staff to respond to people's needs. The registered manager monitored the time it took staff to respond when people pressed their call bell. If people had to wait too long this was investigated.
- The provider did not have a formal way of assessing how many staff they needed based on people's needs. The agreed to implement a tool to assist them with this in future.
- Records did not always evidence the provider had checked the suitability of workers. The provider carried out the relevant checks to ensure safe recruitment. However, the records gathered were not always robustly completed or verified. For example; the full work history was not recorded, references had not been verified by a company stamp and interview records did not clearly evidence who carried out the interview. Such appropriate checks also need to be completed for agency workers. We spoke with the registered manager who agreed to make improvements.

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

- Staff with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person told us they had raised concerns about the way they had been treated by a member of staff. They told us it was dealt with and they were pleased about the outcome.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed an induction and training programme. The induction programme for agency workers was not recorded. The registered manager agreed to do this in future.
- The registered manager did not have a robust overview of the training staff had received. The provider did not monitor this area. Following the inspection, the registered manager provided sufficient evidence of the training staff had received to evidence compliance. Where there were gaps plans were in place to address this. The provider agreed to improve records and monitoring in this area.
- Staff had opportunity for supervision and appraisal. Staff told us they felt supported and records showed staff received positive feedback on their role, which made them feel valued.

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

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make changes where needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff had been trained in person centred care. They used their knowledge of people's preferences to ensure they received personal care in their preferred way. This also enhanced their feelings of wellbeing through social activities and support to maintain relationships and hobbies.

Supporting people to eat and drink enough with choice in a balanced diet.

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. A person told us, "The food is excellent. The chef is good at their job and will go a long way to give you what you want."
- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible eating their meal and drinking.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- People were happy with the support they received with their healthcare. Relatives were fully involved in appointments and provided updates where needed.

- Where professionals had given advice, staff implemented their recommendations to benefit people's health and wellbeing. A visiting professional told us, "Staff are responsive to my requests for people and I feel staff are approachable."
- Further work to record medical appointments was underway as the new electronic care plans system was embedded.

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

- People were free to access all areas of the service. This included a secure garden and patio area. Some of the toilets were not accessible to people who used aids to walk. The registered manager agreed to look at how the doorways could be adapted to make them more accessible.
- Some of the environment had been made dementia friendly to aid people finding their way. For example; toilet doors had been painted a specific colour and signage was in place.
- People had been supported to make their own bedroom welcoming and homely by having their own furniture and belongings such as pictures. The registered manager explained they had ensured each person had at least two seats in their bedroom so that visitors could spend time with people.
- Lots of work to improve the environment and furnishings had occurred since the current registered manager had been in post. People, their relatives and staff were complimentary about the changes and their homely feel.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff sought consent before they supported people.
- Where people did not have capacity to make decisions records were not always clear to ensure those made in people's best interests were recorded. The registered manager agreed to ensure records were available in future.
- Where people were deprived of their liberty, the provider worked with the local authority to seek authorisation for this to ensure this was lawful.

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.

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 were treated with kindness. They were positive about the staff's caring attitude. People told us, "I am looked after here" and "I am on very good terms with the staff. When I ask them to do something they do it."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. People's life histories were being gathered. This is a known way of promoting positive relationships between people and their staff. A relative had sent feedback in the survey, they wrote, '[Name of person] appearance, character and demeanour has changed for the better. They are much happier, well taken care of and their health has vastly improved. We are so impressed with the care, courtesy and professionalism shown by the staff'.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care; and knew when people wanted support from their relatives. Where needed they sought external professional help to support decision making for people.
- Staff directed people and their relatives to independent sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. Further work to improve access to some of the toilet facilities will ensure people's privacy is maintained.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- Staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff said, "We go all out to help residents with their hygiene and food to make sure they are well looked after. We get to know people and they become like a family. We try to make the service homely."
- People were supported to maintain their independence. For example, one person helped wipe and set the table, another person had been supported to have the TV channel numbers written down so they could use the remote independently.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person preferred to see their visitors in the conservatory and staff supported this to happen. Another person liked to see themselves in the mirror so they could feel confident of their appearance before leaving their room. Staff supported this.
- A new electronic care plan system had been recently introduced. Staff were working to capture all the person-centred detail and medical appointment history they knew about people to ensure people received consistently good support.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- One person had been supported over a few months by staff to understand what was needed to care for themselves and which medical professionals they needed to see. Staff explained the person had recently accessed a bath for the first time and some medical appointments. This benefited the person's feelings of wellbeing. The person told us, "I am happy here and the staff look after me well."
- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were regularly met and reviewed. Reasonable adjustments were made where people needed support to communicate. People did not have a formal care plan which recorded their communication needs. The provider told us this would be introduced.
- People were supported to develop new hobbies and maintain old interests. People enjoyed the programme of activities if they chose to attend this and we saw they were keen to know what was happening on each day. One person told us, "I go to the exercises and poetry. I like to walk around the home. My daughter takes me out."

Improving care quality in response to complaints or concerns.

- People and relatives knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- Where complaints had been raised the registered manager had listened and responded appropriately. They used the feedback to continuously improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives in developing care and treatment plans. Work had started to record such preferences in advance of a person becoming ill.

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.

Management and governance was inconsistent which placed people at risk of receiving unsafe or poor quality care. Leaders and the culture they created supported the delivery of person-centred care.

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

- The provider did not have robust systems in place to implement and monitor safety and quality of the service. Checks that were carried out had not recognised where quality and safety had been compromised. Areas such as fire safety, environmental safety, medicines and recruitment practices have been highlighted at this inspection.
- The provider did not provide effective oversight and governance of the services safety and quality. In particular to ensure all regulatory requirements are met. The provider and registered manager immediately responded to our feedback and began to implement changes.
- The provider understood that they needed to support staff at all levels to understand their roles and responsibilities. They understood they must hold staff to account for their performance where required.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Systems were either not in place or fully embedded to demonstrate safety and quality was effectively managed. 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) 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The registered manager involved people and their relatives in day to day discussions about their care. One person told us, "I know the manager well. They are approachable to me and I get on well with them. I think they are honest and open with me. They come and chat with me."
- A new committee had been formed which involved relatives and the provider looking at how improvements could be made. A relative told us, "I am on the committee. I have brought up several things for improvement and they have been actioned. We are being listened to."
- Staff told us they felt listened to and that the provider was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff said, "Since the new manager has started we have seen changes for the better such as care plans and decorating. There has been a positive impact on people and definitely better staff morale."
- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. One relative said, "Things have changed in a good way, things

are getting done. I think it is a lot better."

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service. A relative fed back, 'I would like to thank [name of registered manager] for their very professional handling of a difficult situation surrounding the care of my relative. They have built a kind, caring and skilled team. Thank you all.'

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 17 HSCA RA Regulations 2014 Good governance Systems were not effectively established or operated to ensure safety and quality of the service. Regulation 17 (1) (2) (a) (b) (d) (f).